

Name
in
Full

CERTIFICATE OF DEATH

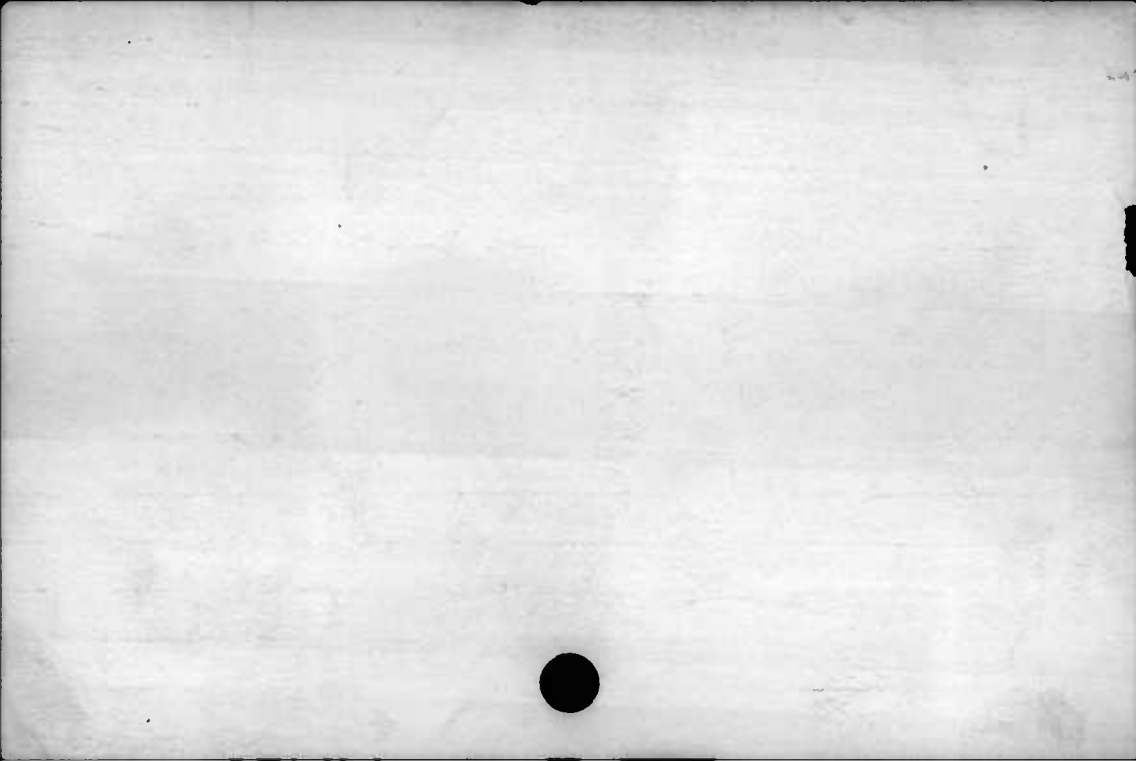
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Andrew Allen</i>		Town <i>Savage</i>		County <i>Mineral W. Va.</i>		MARYLAND	
Died at <i>Savage</i>		Month <i>Mar</i>		Day <i>1</i>		Years <i>73</i>	
Date of death <i>1905</i>		Month <i>Mar</i>		Day <i>1</i>		Years <i>73</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Capon W. Va.</i>		Months <i>8</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Savage</i>		Days <i>17</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Catharine</i>					
Father's Name <i>Thomas Allen</i>		Father's Birthplace <i>Not Known</i>					
Mother's Maiden Name <i>Elinabeth</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Thomas H. Allen</i>		How related to deceased <i>Son</i>					

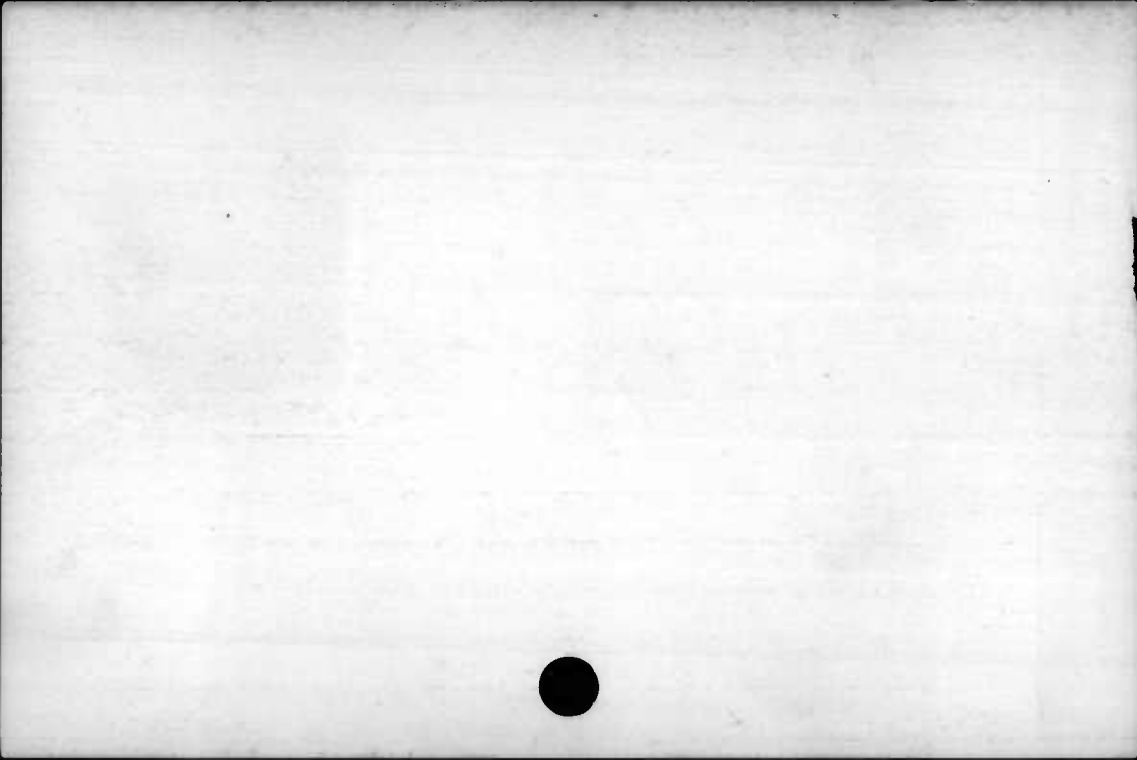
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>60</i>	How long <i>several months</i>
Immediate <i>"</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Parsons</i>	Address <i>Piedmont W. Va.</i>
Accident or Suicide?		



Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		baltimore		Alcey		MARYLAND					
	Date of death	1905	Month	March	Day	8	Age	Years	Months	5	Days	—
	Sex	Female		Color or Race	White		Birth-place	baltimore				
	Occupation	—		Where Residing if not at place of death		—						
	Married, Single or Widowed	—		Name of Wife or Husband		—						
	Father's Name	Wm Appel					Father's Birthplace	W. Va				
	Mother's Maiden Name	Mary Stott					Mother's Birthplace	W. Va				
Name of person giving information	Wm Appel					How related to deceased	Father					
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary	Marasmus					How long	93				
	Immediate	Pneumonia					How long	5 days				
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	E. B. Claybrooke					
						Address	Cumberland Md.					
Accident or Suicide?												



Name
in
Full

S Fuller Barnard

CERTIFICATE OF DEATH

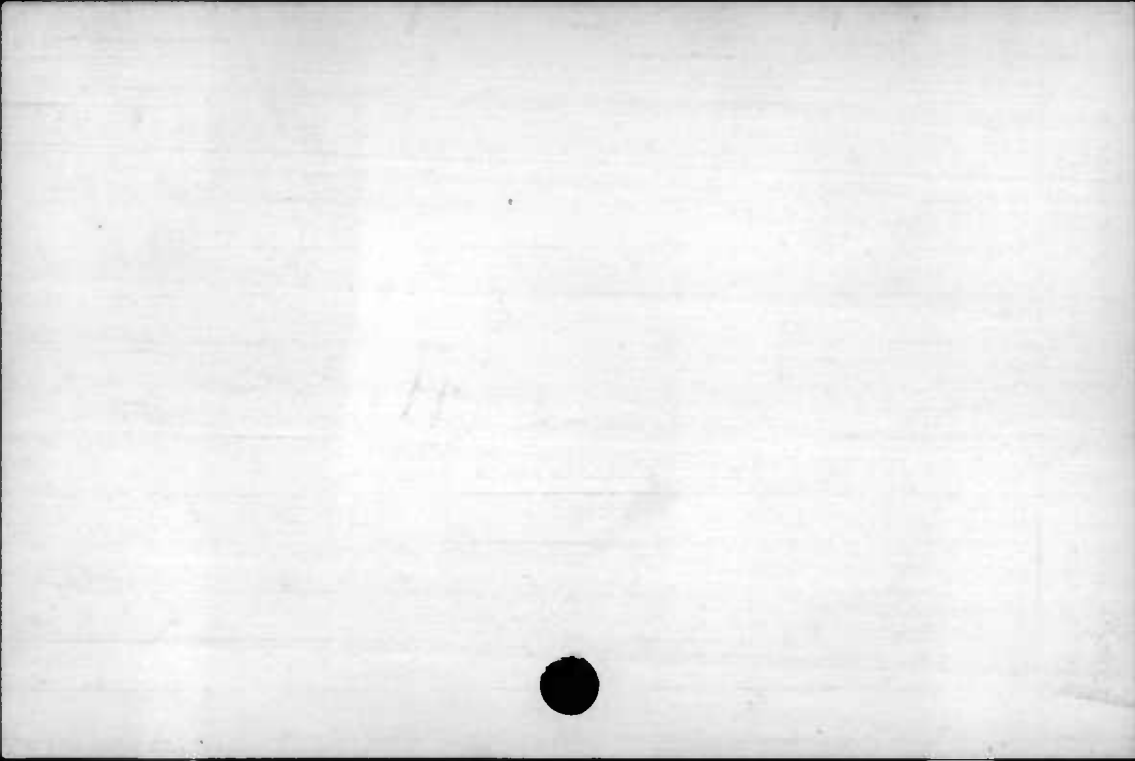
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bountd</i>		Town <i>allygh</i>		County		MARYLAND	
Date of death	1905	Month	March	Day	31	Age	51
Sex	Male	Color or Race	White	Birth-place	Glencoe Pa		
Occupation	Cigar merchant			Where Residing if not at place of death -			
Married, Single or Widowed	married		Name of Wife or Husband <i>Bridget E.</i>				
Father's Name	-			Father's Birthplace			
Mother's Maiden Name	<i>Annice E P</i>			Mother's Birthplace <i>Baltimore</i>			
Name of person giving information	<i>Wm Barnard</i>			How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis of the heart.</i>		How long
Immediate	<i>Chamion</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician <i>Dr. W. W. Wiley</i>
			Address <i>Baltimore Md</i>
Accident or Suicide?			



Name
in
Full

Gertrude Brentburg Barnes

CERTIFICATE OF DEATH

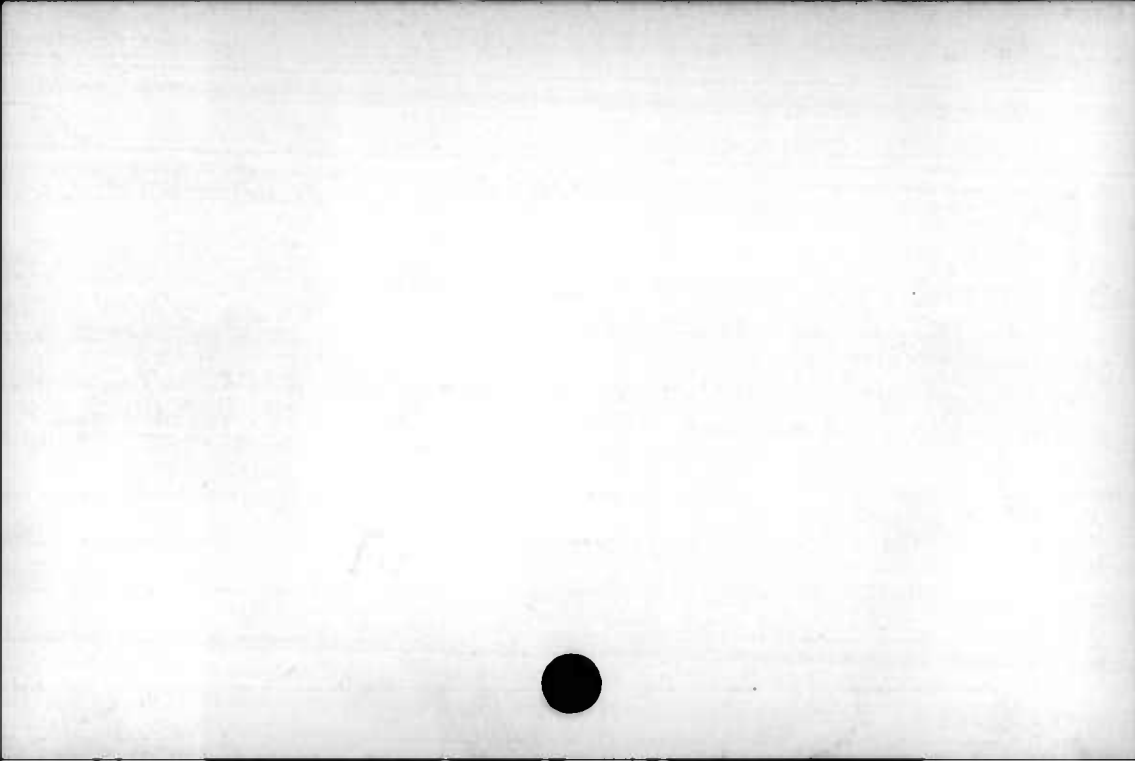
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Barton ^{Town}		Allegheny ^{County}		MARYLAND	
Date of death 1905	Month March	Day 27th	Age 33	Years	Months one	Days 14	
Sex female	Color or Race white		Birth- place Barton				
Married, Single or Widowed		married		Occupation Lhw			
Name of Wife or Husband		P. Clarence Barnes					
Father's Name		Henry Brentburg			Father's Birthplace Germany		
Mother's Maiden Name		Matilda Cooper			Mother's Birthplace England		
Name of person giving In formation		P. Clarence Barnes			How related to deceased husband		

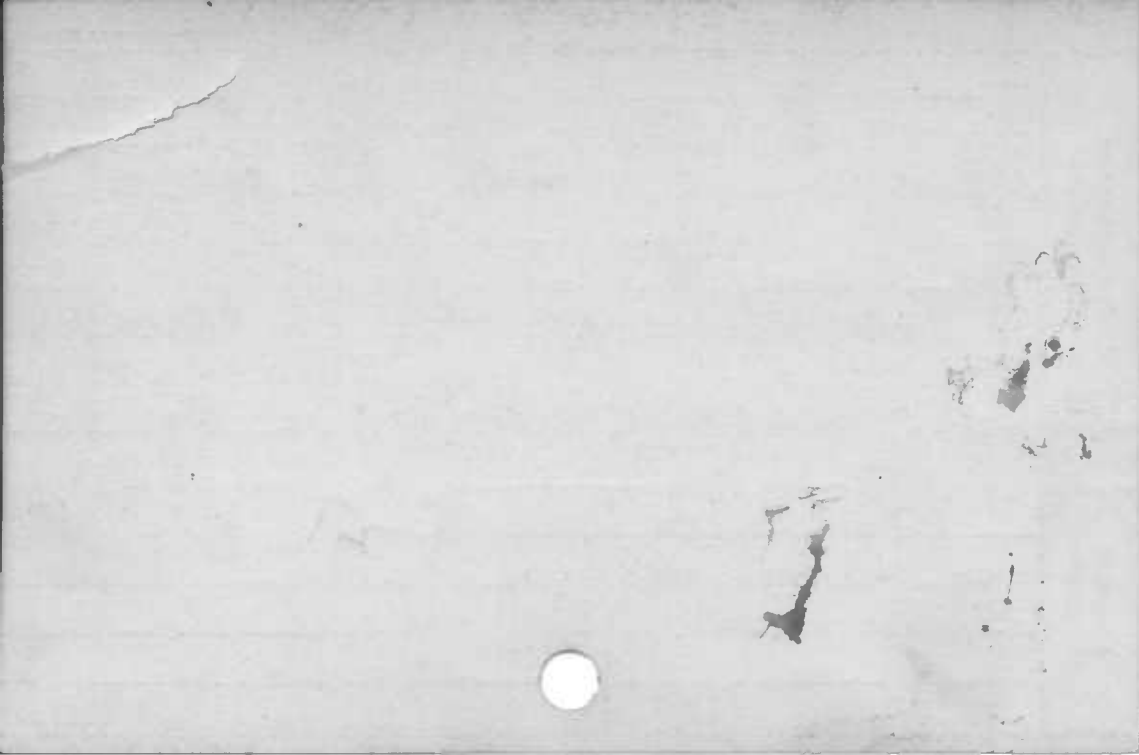
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	6 months
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician A. J. Brucher	
			Address Barton, Md.	
Accident or Suicide?				



Name in Full		Certificate of Death			
Annice Catherine Bender		Town Burrhead		County Allegany	
Died at		MAYLAND			
Date of death	1905	Month March	Day 20	Age 40	Years Months Days
Sex Female	Color or Race White		Birth- place Burrhead		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Richard Bender		Father's Birthplace Germany	
Mother's Maiden Name		Mother's Birthplace			
Name of person giving In formation		Richard Bender Jr		How related to deceased Brother	
CAUSES OF DEATH					
Primary		Chronic Fibroid Phthisis			
Immediate		Exhaustion			
Are the name, age, sex, color, date and place correctly given above?		Yes			
Signature of Physician		Edward Harris M.D.			
Address		88 H Bedford St Cumberland Ind.			
Accident or Suicide?					



TO BE A

NEAREST FRIEND

PHYSICIAN
OR CORONER

16

Conrod Broad Sr.

CERTIFICATE OF DEATH

MARYLAND

Died at *Shaff* Town

County

Allegheny

Date

of death 1905

Month

3

Day

12

Age

Years

72

Months

1

Days

3

Sex

*male*Color or
Race*White*Birth-
place*Germany*Married, Single
or Widowed*Married*

Occupation

*Miner*Name of Wife or
Husband*Annie Broad*Father's
Name*Conrod Broad*Father's
Birthplace*Germany*Mother's
Maiden Name*do not know*Mother's
Birthplace*11*Name of person giving
In formation*Mr. Charles Broad*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Pneumonia

How long

2 weeks

Immediate

Heart Failure

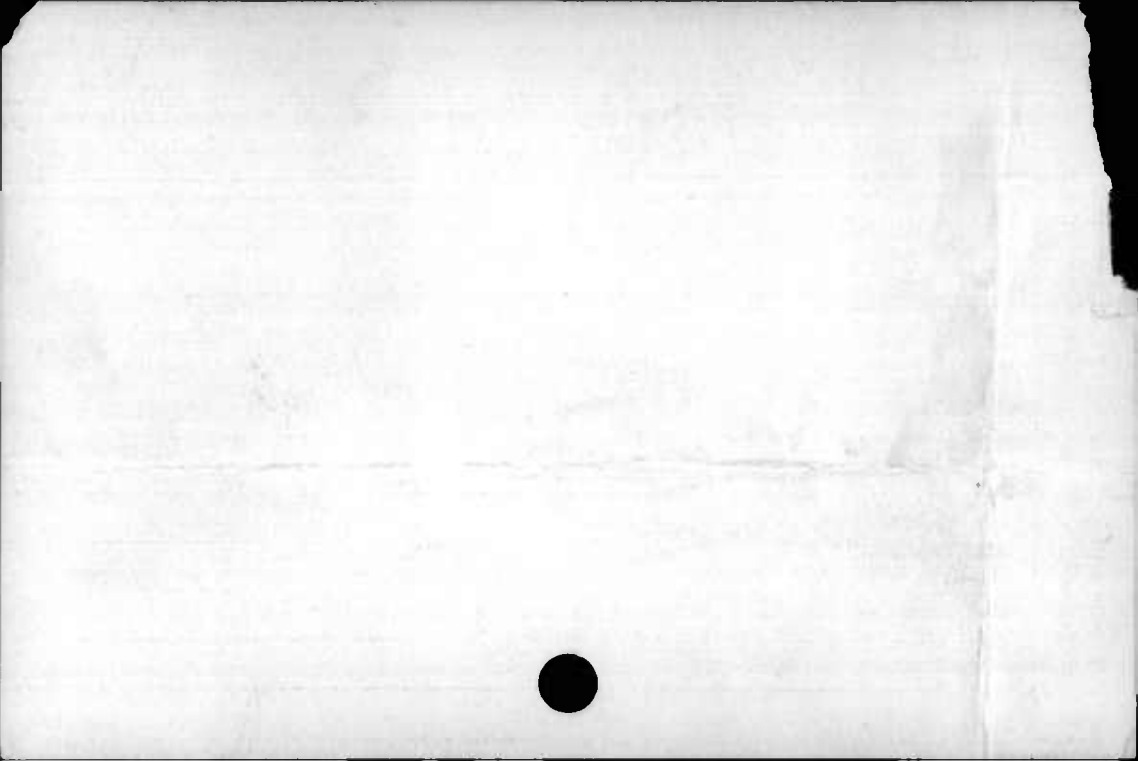
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Dr. F. L. Chyne*

Address

*Midlothian**Mal*

Accident or Suicide?



Name
in
Full

Edith Reed Brown

CERTIFICATE OF DEATH

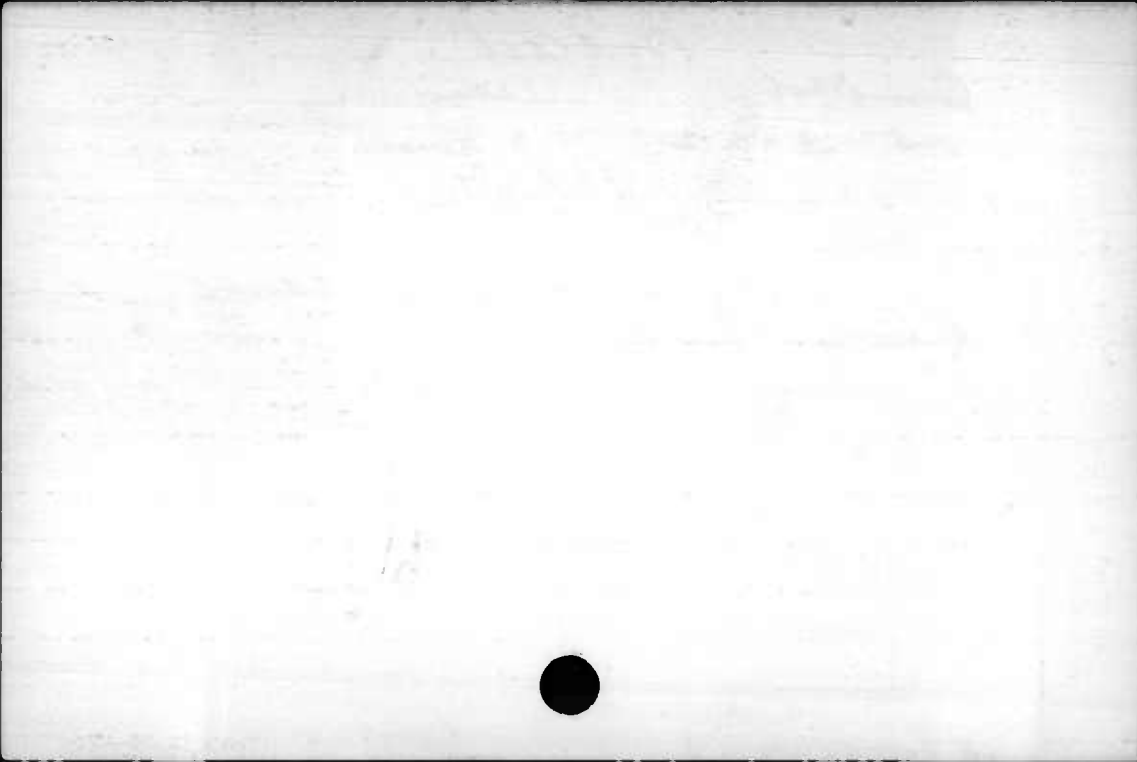
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sonaeonia</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	<i>1905 - March</i> ^{Month}	<i>19</i> ^{Day}	<i>1</i> ^{Years}	<i>-</i> ^{Months}	<i>6</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Sonaeonia</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Wm. Brown</i>		Father's Birthplace <i>Newbury W. Va.</i>			
Mother's Maiden Name <i>Margaret Jane Reed</i>		Mother's Birthplace <i>Wale Dummit</i>			
Name of person giving information <i>Mrs Wm. Brown</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis - teething -</i>	How long <i>5 weeks</i>
Immediate <i>meningitis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James O. Bullock</i>
	Address <i>Sonaeonia W. Va.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Child of Harry Bullett

CERTIFICATE OF DEATH

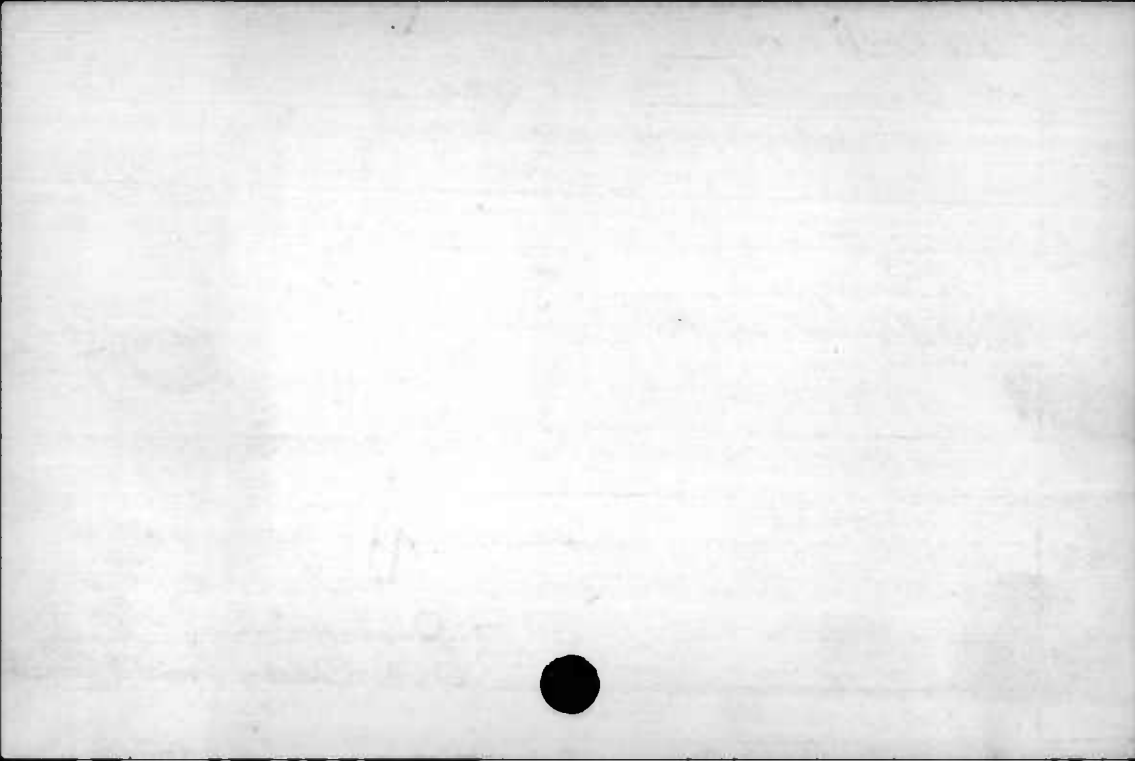
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtobol</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death	1905	Month	3	Day	24
Age		2	Years	Hours	
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Cumtobol</u>
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband <u>Harry Bullett</u>				
Father's Name	<u>Henry Bullett</u>			Father's Birthplace	<u>Pan Pan. W. Va.</u>
Mother's Maiden Name	<u>Nana Bullett</u>			Mother's Birthplace	<u>" " " "</u>
Name of person giving information	<u>Father Bullett</u>			How related to deceased	

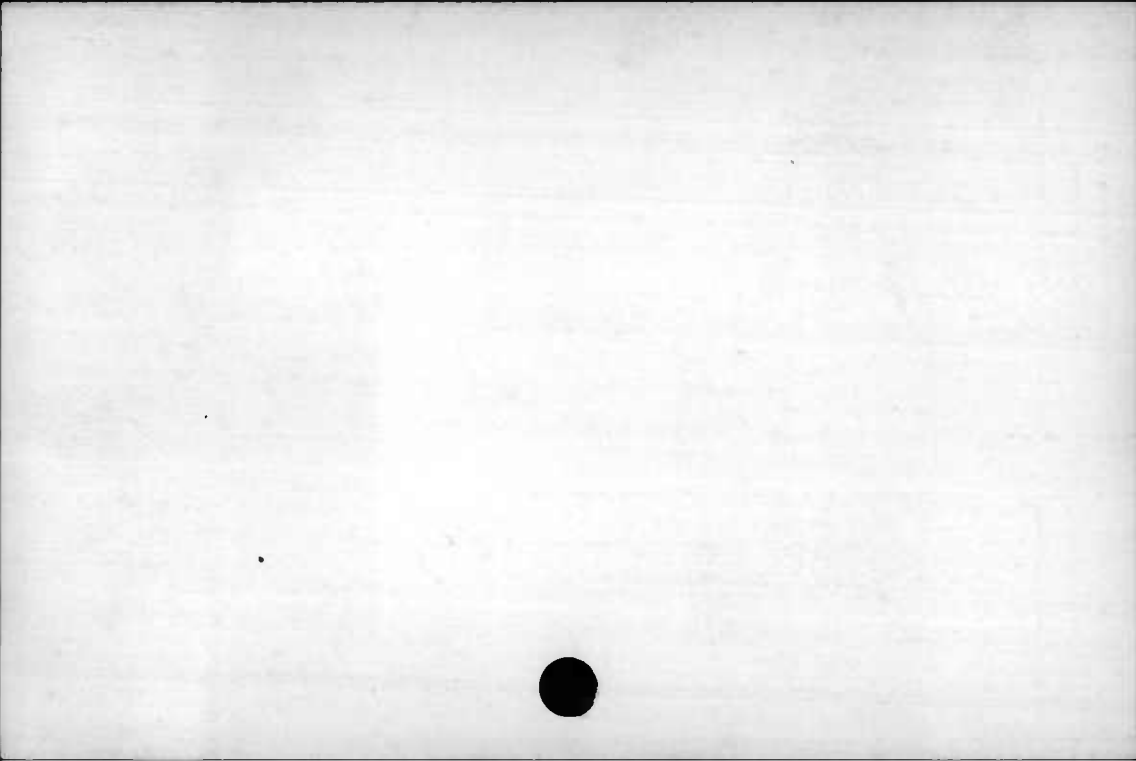
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Commissions</u>	How long	<u>20 mi</u>
Immediate	<u>Still Born</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes!	
Signature of Physician		<u>Prohuda Eline</u>	
Address		<u>12 Flat St.</u>	
Accident or Suicide?			



Name in Full		Willie Butcher				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND			
		Died at		accyng					
		Date of death	1905	Month	March	Day	17	Age	11
		Sex		Male	Color or Race	White	Birth-place	Cumt'd	
		Occupation		—		Where Residing if not at place of death		—	
		Married, Single or Widowed		Single	Name of Wife or Husband		—		
		Father's Name		Frederick Butcher				Father's Birthplace	near Cumt'd
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information						How related to deceased			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Immediate				How long			
		Rail Road accident				166			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				Address		E. B. Claybrook.			
Accident or Suicide?									



Name
in
Full

David Clites

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Cumberland

County Allegany

Date of death 1905 Mar 23

Age 78

Months

Days

Sex Male

Color or Race

White

Birth-place

Occupation Blacksmith

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Mary Rice

Father's Name

Jacob Clites

Father's Birthplace

Pa

Mother's Maiden Name

Mary Rice

Mother's Birthplace

Pa

Name of person giving information

Della Clites

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Apoplexy

64

How long

10 Days

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

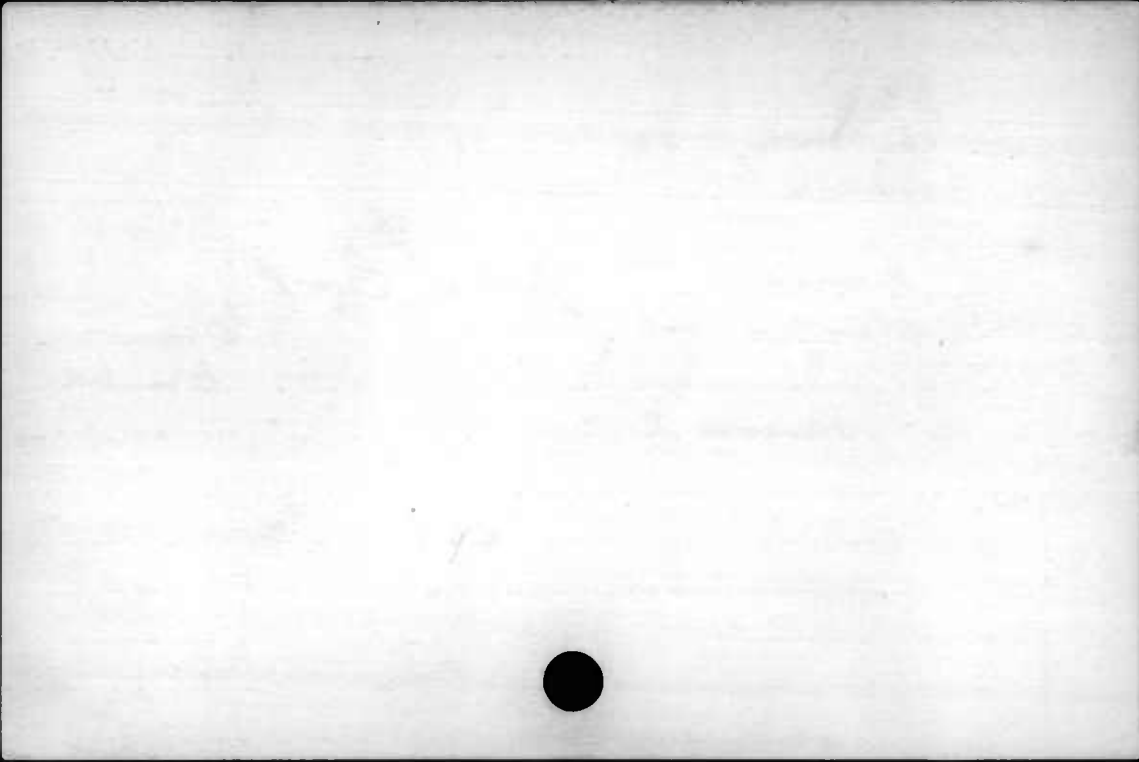
Signature of Physician

Address

W. H. G. Lewis
Cumberland
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lydia Laing Cook

CERTIFICATE OF DEATH

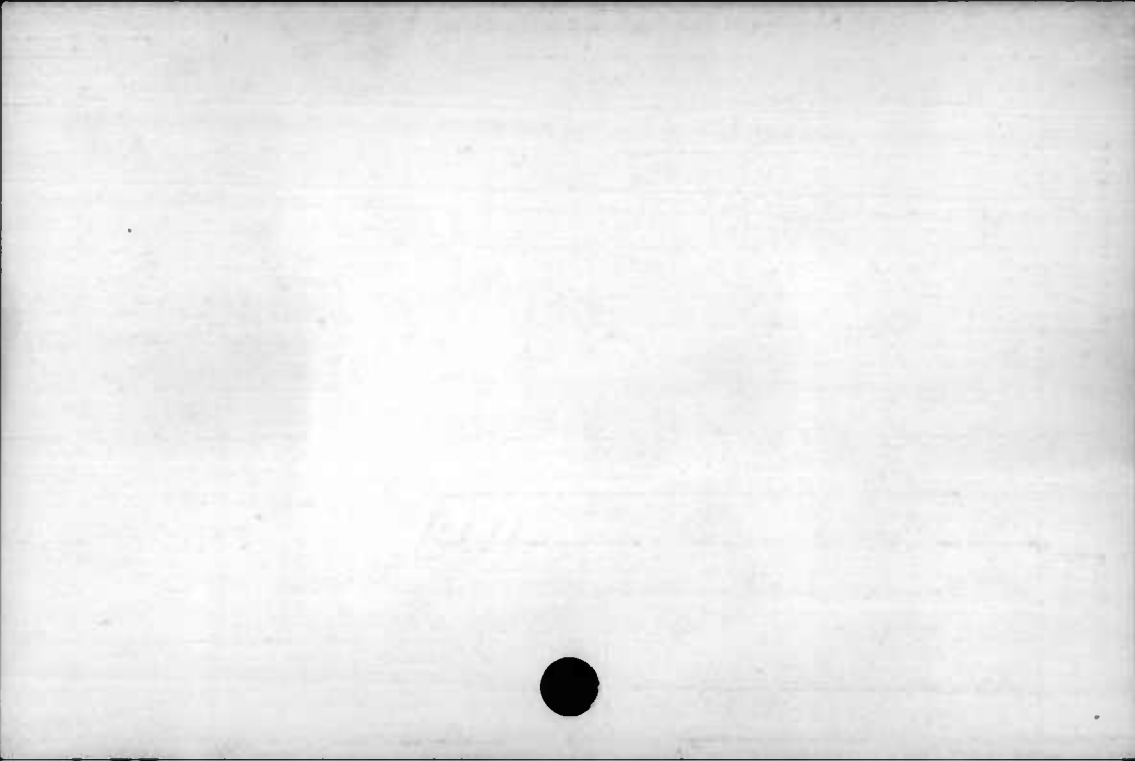
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunsd</i>		Town <i>Brunsd</i>		County <i>a cyn</i>		MARYLAND	
Date of death	1905	Month	March	Day	22	Age	31
Sex	Female	Color or Race	White	Birthplace	Brunsd		
Occupation	Life			Where Residing if not at place of death <i>+</i>			
Married, Single or Widowed	married			Name of wife or Husband <i>John Cook</i>			
Father's Name	Charles Whitman				Father's Birthplace <i>Brunsd</i>		
Mother's Maiden Name	Temperance McKee				Mother's Birthplace <i>Brunsd</i>		
Name of person giving information	Misses L. Laing				How related to deceased <i>aunt</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Nephritis</i>	How long	<i>119</i>
Immediate	<i>suppression urine</i>	How long	<i>2 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[initials]</i>		
	Address <i>1 Laybrook</i>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

James Coker - Town County

Died at

Date

1905

Month

May

Day

3

Age

Years

73

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Occupation

City Workman

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

G. L. B.

How related
to deceased

CAUSES OF DEATH

Primary

Drowned

How long

4 Month

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

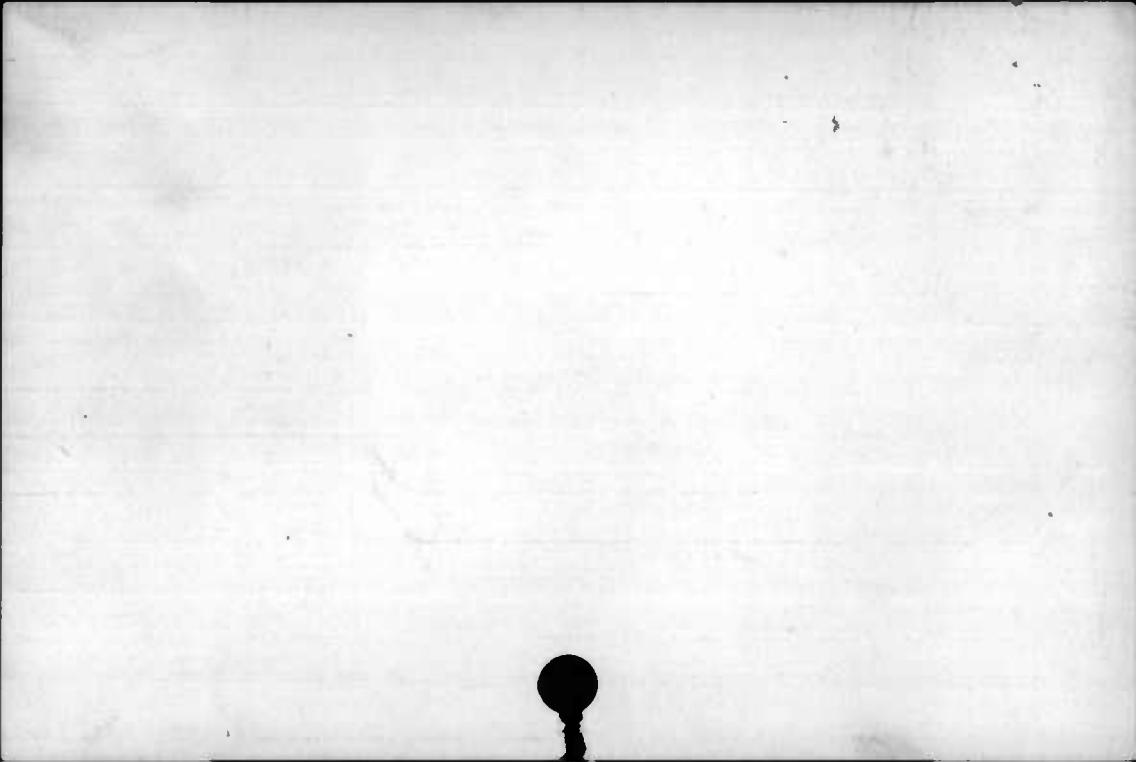
Dennis E. O'Neal

Address

Cumberland Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Burkham Rezen Crabtree

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Cumberland^{County} Allegany

Date of death 1905 March 17

Age Years 2

Months 6

Days 5

Sex Male

Color or Race White

Birth-place Orleans District

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Daniel L. Crabtree

Father's Birthplace Old Town Md.

Mother's Maiden Name Edith N. Creek

Mother's Birthplace Washington, Colad.

Name of person giving information Daniel L. Crabtree

How related to deceased Father

CAUSES OF DEATH

Primary Ileocolitis 100%

How long 12 days.

Immediate Insanition

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician William R. Board M.D.

Address 108 Virginia Ave

Cumberland M.D.

Accident or Suicide?

242 - 3rd

Jan 7 L Crabtree

Size 3" 3 -

Name
in
Full

Marshall Craig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frostburg		County Allegheny		MARYLAND	
Date of death		1905	Month 3	Day 8	Age	Years 20	Months
Sex		M.		Color or Race		W.	
Occupation				Birth-place		Frostburg	
Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		John Craig				Father's Birthplace	
Mother's Maiden Name		Edna Hunter				Mother's Birthplace	
Name of person giving information		Self Edward foot				How related to deceased	
		None					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	2 weeks
Immediate	meningitis	How long	36 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. Griffith	
Address		Frostburg	
Accident or Suicide?			

Frostburg Furniture & Undertaking Co.

.....

Name
in
Full

Matthew Bryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		County <i>Alleghany</i>		MARYLAND	
Date of death	1905	Month 3	Day 7	Age 30	Years Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Penn</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Not given</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Patience</i>		How related to deceased <i>—</i>			

Hospital

CAUSES OF DEATH

Primary	<i>Pneumonia</i>	How long	<i>Two days</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>6 Brookmarble</i>
		Address	<i>Cumberland</i>
Accident or Suicide?			<i>M</i>



Name
in
Full

Martha Gertrude Cunningham

CERTIFICATE OF DEATH

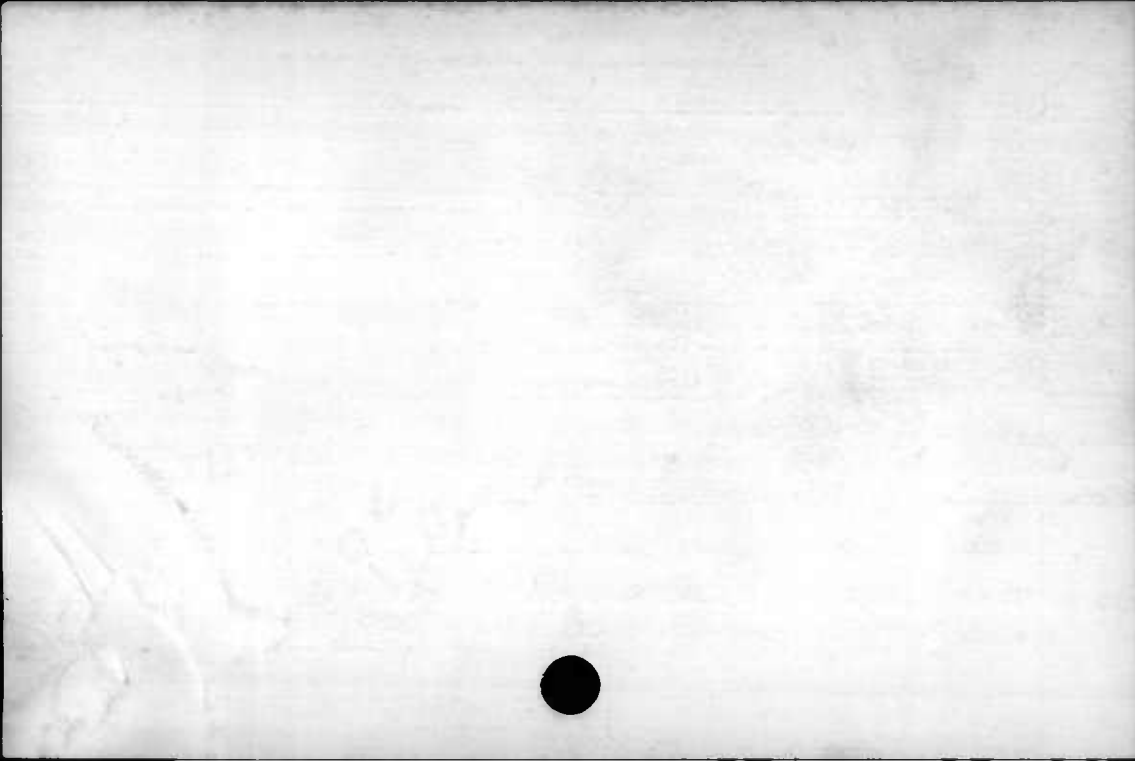
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Savage</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death 1905	<i>March 25</i> ^{Month}	<i>Thursday</i> ^{Day}	<i>18</i> ^{Years}	<i>1</i> ^{Months}	<i>23</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mt. Savage</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband					
Father's Name <i>Patrick Cunningham</i>			Father's Birthplace <i>County of Monroe, Maryland</i>		
Mother's Maiden Name <i>Mary Ellen Matthews</i>			Mother's Birthplace <i>Beltford, Md</i>		
Name of person giving information <i>Wm. C. Cunningham</i>			How related to deceased <i>Father's Mother</i>		

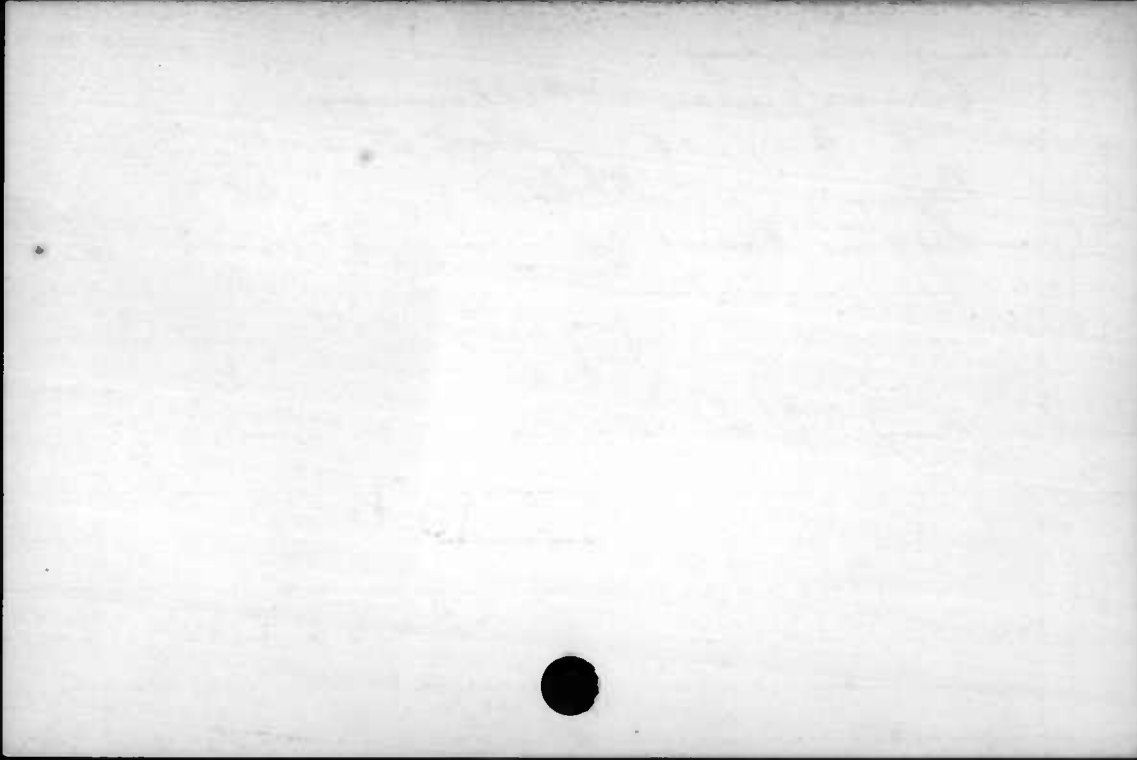
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Brights Disease</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>20</i> <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Alan E. Murray</i>
	Address <i>Mt Savage, Md</i>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cumberland		County		Alloughy		MARYLAND			
		Date of death		1905	Month	March	Day	8	Age	—	Months	Days	
		Sex		Female		Color or Race		Colored		Birth-place		Cumberland	
		Occupation				Where Residing if not at place of death				—			
		Married, Single or Widowed				Name of Wife or Husband				—			
		Father's Name						Charles Curran					
		Father's Birthplace						W. Va					
		Mother's Maiden Name						Blanche Rose					
Mother's Birthplace						Cumberland							
Name of person giving information						C. L. Johnson							
How related to deceased						none							
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary				Acute Indigestion 104				How long			
		Immediate				Exhaustion from spasms				How long			
		Are the name, age, sex, color, date and place correctly given above?				yes				Signature of Physician			
										Address			
										Cumberland			
		Accident or Suicide?											



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Trout Dairy*
Emberland Town

County

MARYLAND

Date of death 1905 *3* Month *12* Day *Age about 30* Years Months DaysSex *Male* Color or Race *White* BirthplaceOccupation *Engineer* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *G. J. Butler* How related to deceased

CAUSES OF DEATH

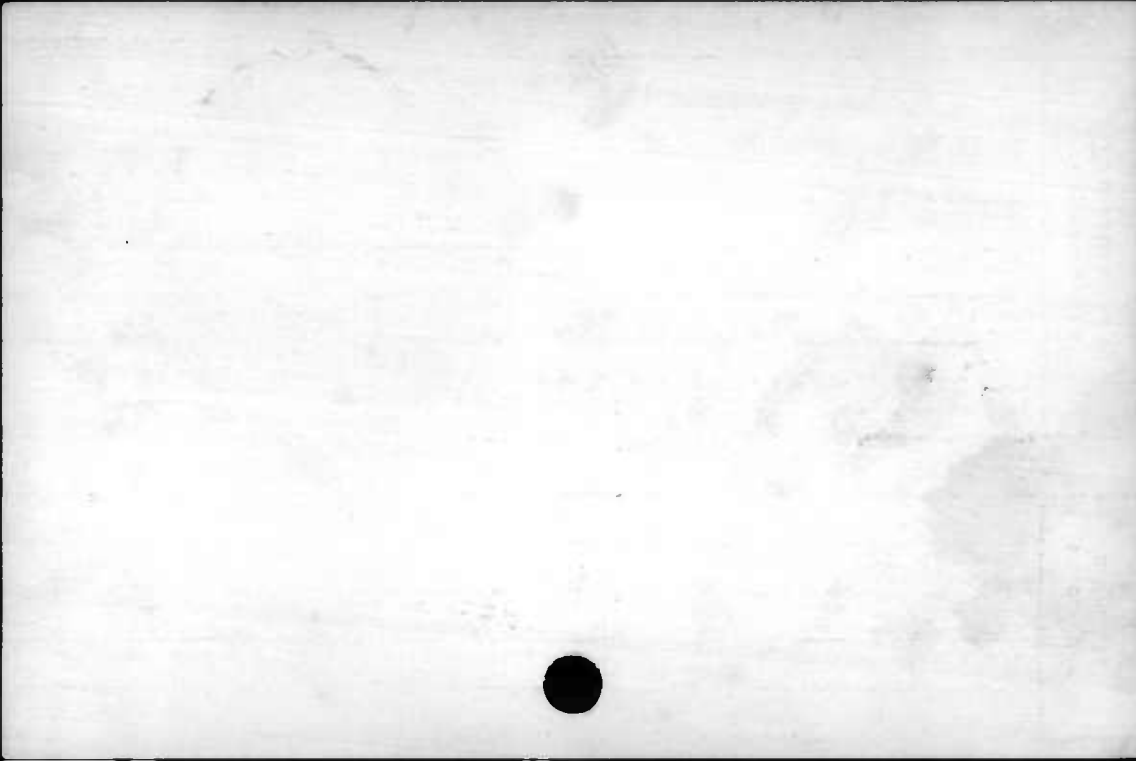
Primary *1921* How longImmediate *"Drowned"* How long

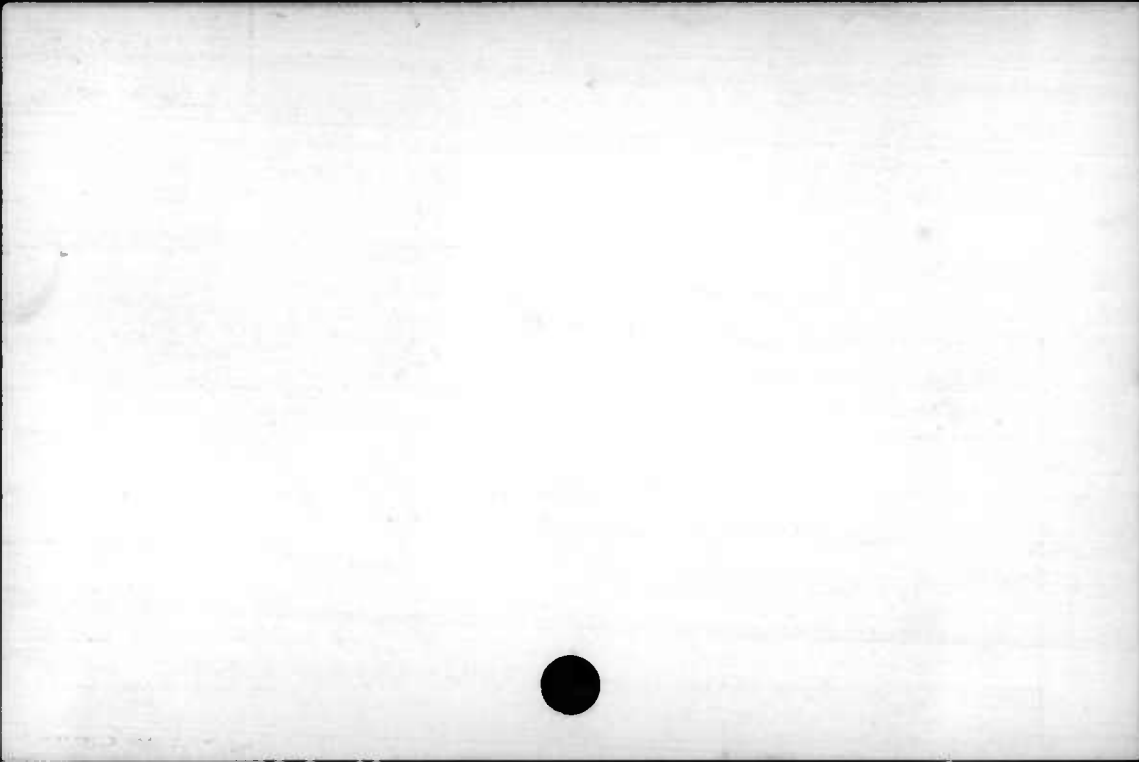
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?





Name
in
Full

CERTIFICATE OF DEATH

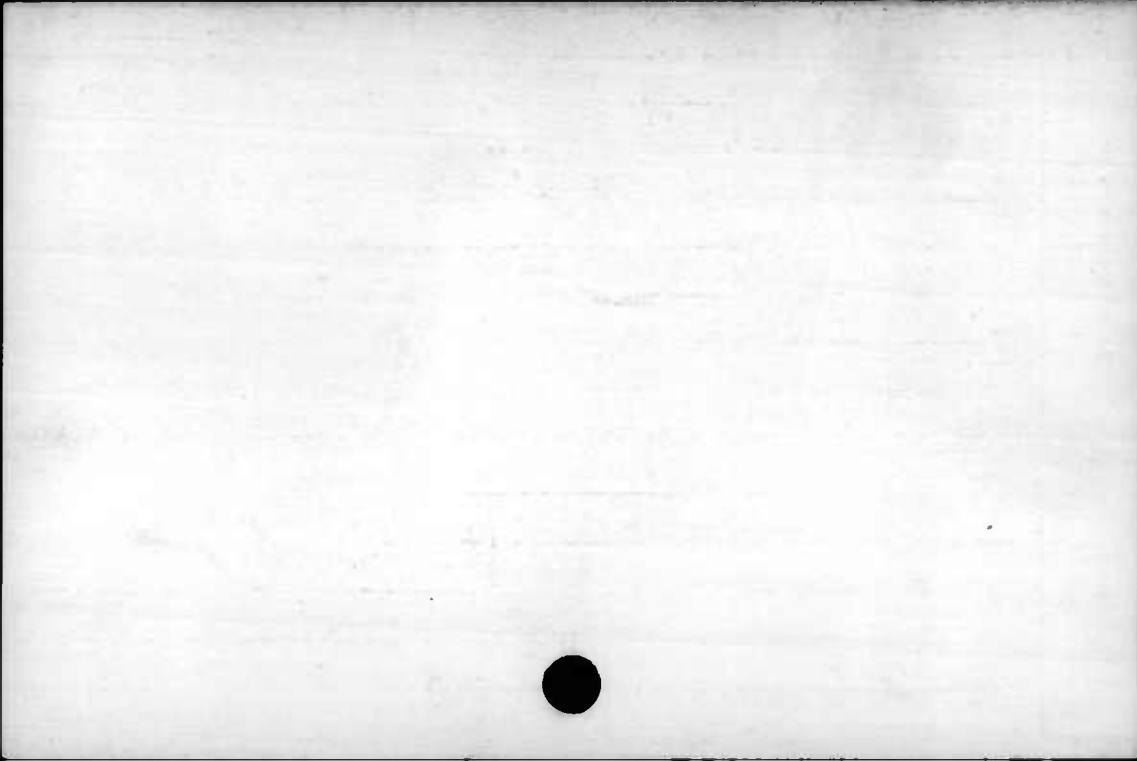
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Annie Davis</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Died at		Date of death <i>1905</i>		Month <i>Mar.</i>		Day <i>7</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Age <i>26</i>		Years <i>26</i>	
Occupation		Birth-place		Where Residing If not at place of death		Months Days	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace		How related to deceased			
Name of person giving information							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>11 days</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. H. Thompson</i>	
		Address <i>13 N. Mechanic</i>	
Accident or Suicide?			



Name
in
Full

Caroline Drake

3/21/11

CERTIFICATE OF DEATH

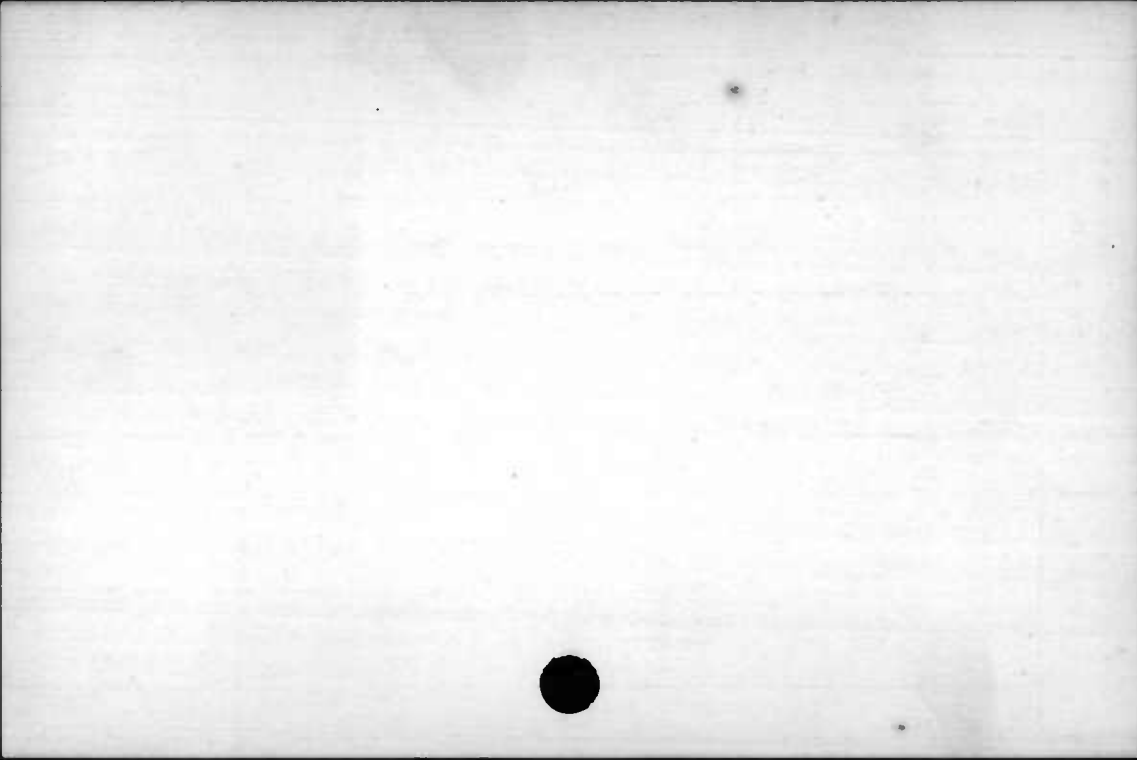
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Swigg town</i>		County <i>Alle</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Mar</i>	Day <i>21</i>	Age <i>65</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henry Drake</i>				
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information	<i>Henry Drake</i>				How related to deceased <i>Husband</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>179</i> ✓	How long	<i>1 year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Mrs Mary. Grady. Fahey

CERTIFICATE OF DEATH

Died at ^{Town} Westernport^{County} Allegany

MARYLAND

Date
of death 1905Month
3Day
15Age
Years 47Months
9Days
10

Sex Female

Color or
Race WhiteBirth-
place West Va.

Occupation Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed MarriedName of Wife or
Husband Michael P. FaheyFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Joseph Fahey

How related
to deceased Son

CAUSES OF DEATH

Primary Pulmonary Phthisis

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

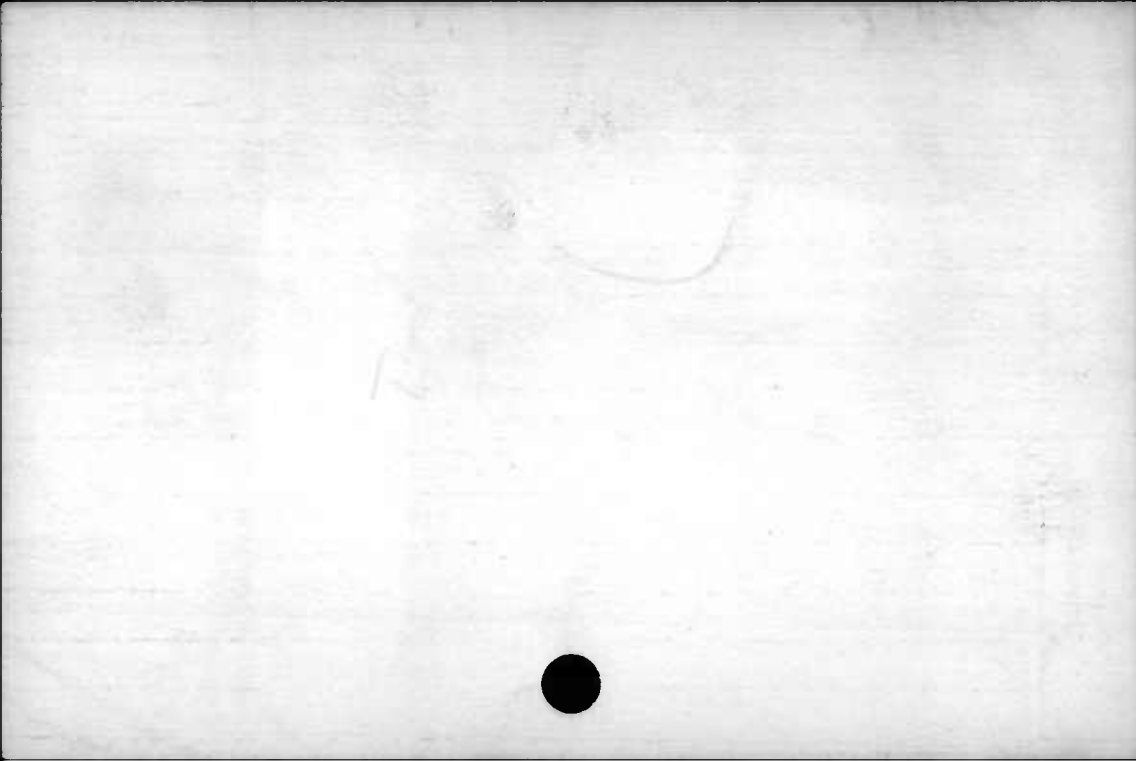
Address

J. J. Halbach
Bridgeton
N.J.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Kunze Grude Margret Farber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumma</i>		Town		County		MARYLAND	
Date of death	1905	Month	March	Day	15	Age	66
Sex	Female	Color or Race	White	Birthplace	Germany		
Occupation	Wife			Where Residing if not at place of death			
Married, Single or Widowed	married	Name of late Husband <i>Joseph Farber.</i>					
Father's Name	<i>Dead</i>					Father's Birthplace	
Mother's Maiden Name	<i>Dead</i>					Mother's Birthplace	
Name of person giving information	<i>J. M. Farber</i>					How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>acute Indigestion</i>	How long
Immediate	<i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>James Johnson M.D.</i>
		Address <i>Dr. Johnson</i>
Accident or Suicide?		

From John W. H. H.

Name
in
Full

Inf of Robert Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Alleghany		MARYLAND	
Date of death	1905	Month Mar	Day 22	Age	Years	Months 7	Days
Sex	Female		Color or Race	White		Birth- place	Cumt.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Robert Fisher					Father's Birthplace	Cumberland
Mother's Maiden Name	Mary Kennedy					Mother's Birthplace	Hyndman
Name of person giving In formation	Robert Fisher					How related to deceased	Father

CAUSES OF DEATH

Primary

Spasms

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

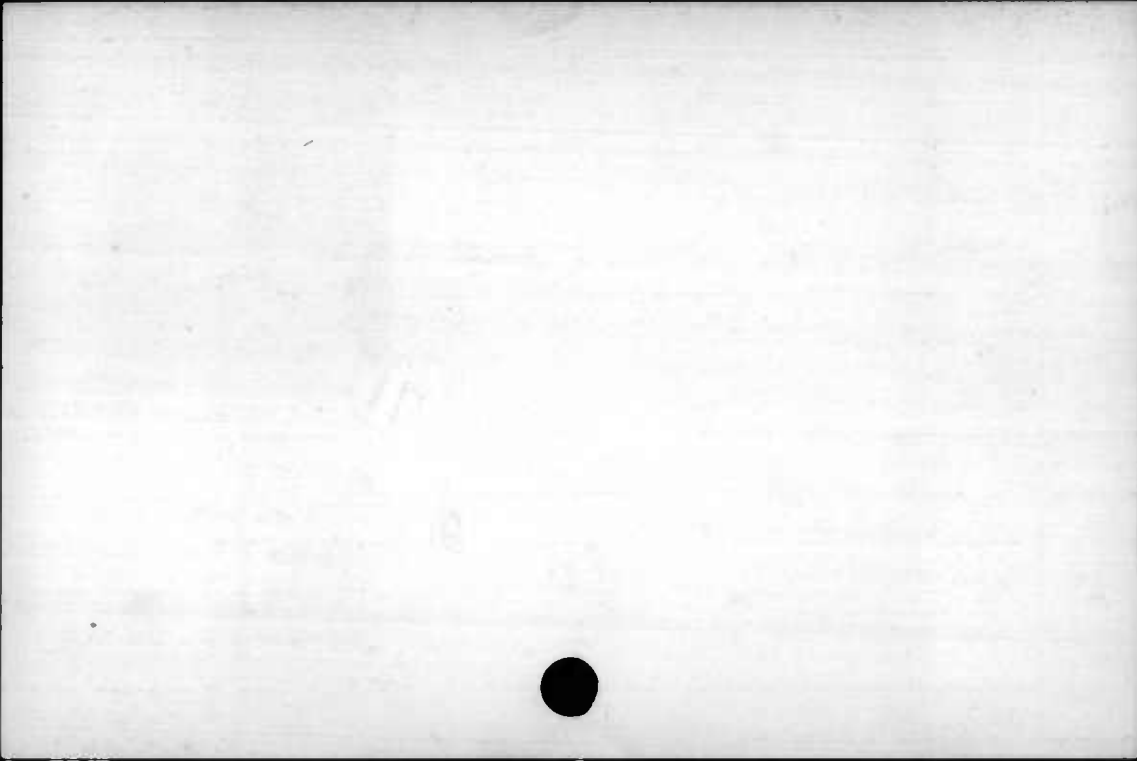
Signature of
Physician

Address

Dr W W Wiley
Cumberland

Accident or Suicide?

Md



Name
in
Full

CERTIFICATE OF DEATH

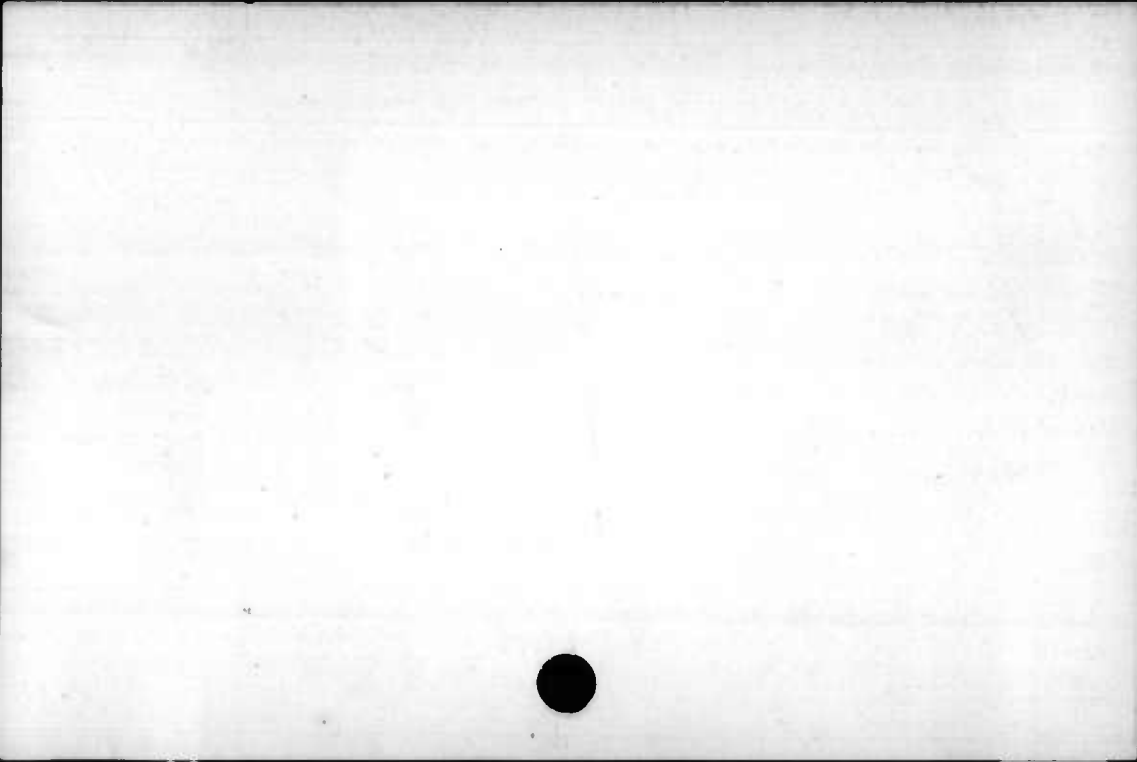
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mapleside</i> Town		<i>Fisher</i> County		MARYLAND		
Date of death	<i>1905</i> Month <i>March</i>	Day <i>1</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>	Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>			
Father's Name <i>James H. Fisher</i>			Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Annand M. Herrick</i>			Mother's Birthplace <i>W. Va.</i>			
Name of person giving information <i>Mother</i>			How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>2 du</i>
Immediate <i>Sparnodic Laryngitis</i>	How long <i>1 dc</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo L. Broadnuth M.D.</i>
	Address <i>Crumfords Md.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

CERTIFICATE OF DEATH

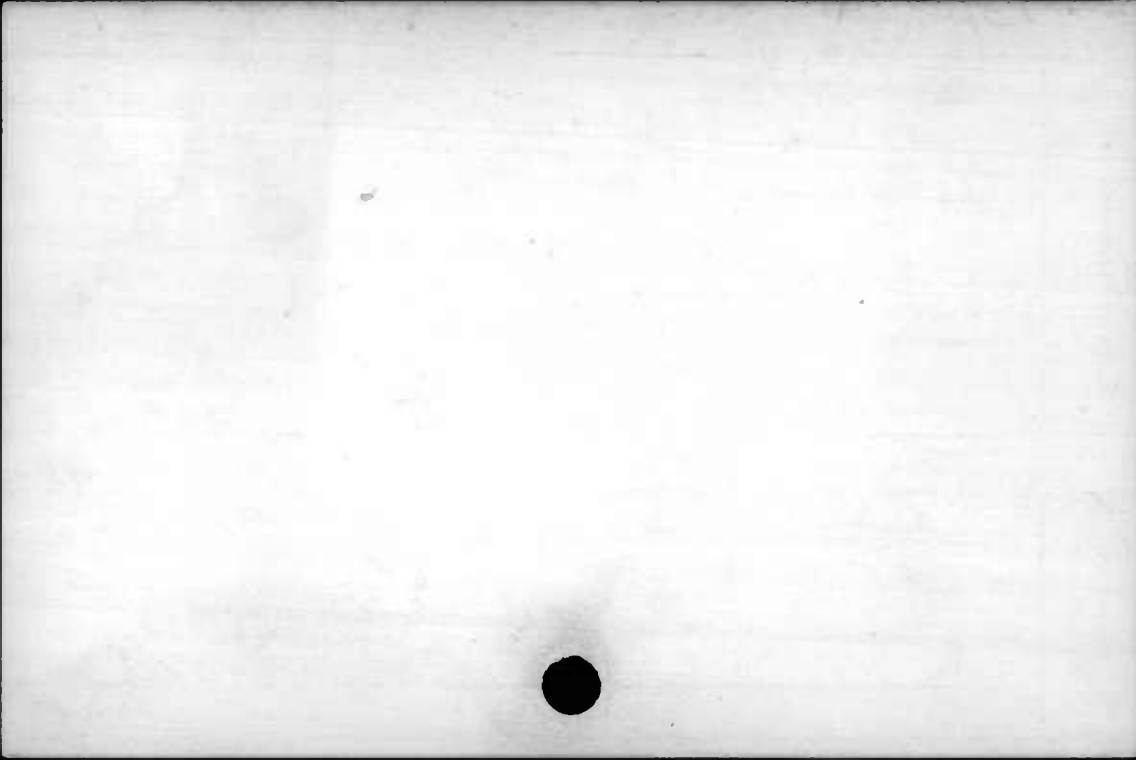
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full George Washington Fletcher		Town Cumbyland		County Alleghany		MARYLAND	
Died at		Date of death		Age		Months	
		1905		65		9	
Month Mar		Day 24		Years		Days -	
Sex Male		Color or Race White		Birth-place Hintstone Md			
Occupation Retired farmer		Where Residing if not at place of death -					
Married, Single or Widowed Single		Name of Wife or Husband -					
Father's Name John A Fletcher		Father's Birthplace Md		Mother's Name Rebecca Chaney		Mother's Birthplace Md	
Maiden Name		Name of person giving information Mrs Wenneck		How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Lateral spinal sclerosis		How long Several years	
Immediate Paralysis (Exhaustion)		How long Several weeks	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. J. Duple	
Address B.		Address Cumbyland, Md	
Accident or Suicide? -			



Name
in
Full

Rebecca Folk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Savage</i> Town		<i>Ally</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Feb</i>	Day <i>12</i>	Age Years <i>80</i>	Months <i>00</i>	Days <i>00</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>r</i>			Where Residing if not at place of death <i>r</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Jacob Folk</i>			
Father's Name <i>r</i>			Father's Birthplace <i>r</i>		
Mother's Maiden Name <i>r</i>			Mother's Birthplace <i>r</i>		
Name of person giving information <i>Chas Hughes</i>			How related to deceased <i>2nd Relation</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis Pneumonia</i>	How long <i>3 days</i>
Immediate <i>r</i>	How long <i>92</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. J. Conroy</i>
	Address <i>Mt Savage Md</i>
Accident or Suicide?	

LSM

Episcopate Candy -
Int Savoy

Name
in
Full

Jarrett Thos Free

CERTIFICATE OF DEATH

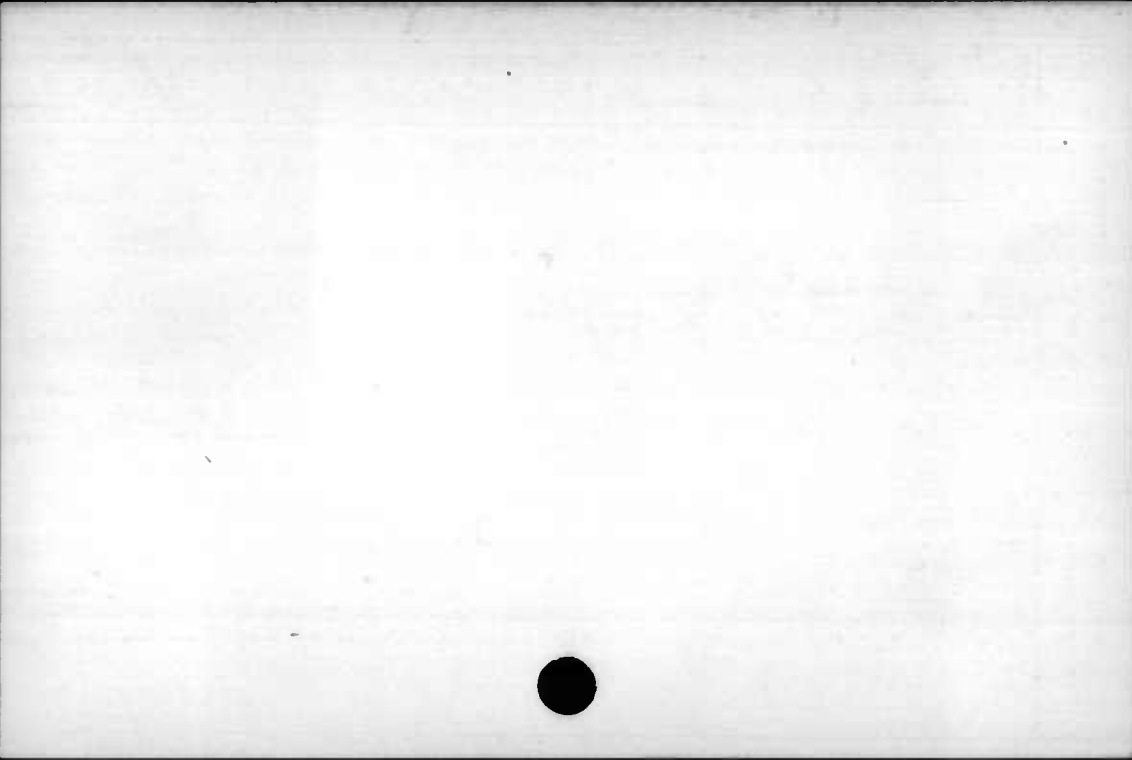
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumby</i> Town		<i>Ally</i> County		MARYLAND	
Date of death	1905	Month	March	Day	23
Age		Years		Months	4
Sex		Male		Color or Race	White
Occupation		—		Birth-place	Cumby
Where Residing if not at place of death			—		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>J B Free</i>		
Mother's Maiden Name			<i>Bessie N Yersing</i>		
Name of person giving information			<i>J B Free</i>		
Father's Birthplace			<i>Ma</i>		
Mother's Birthplace			<i>Pa</i>		
How related to deceased			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Thos W Koon M D</i>	
		Address	
		<i>Cumby</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

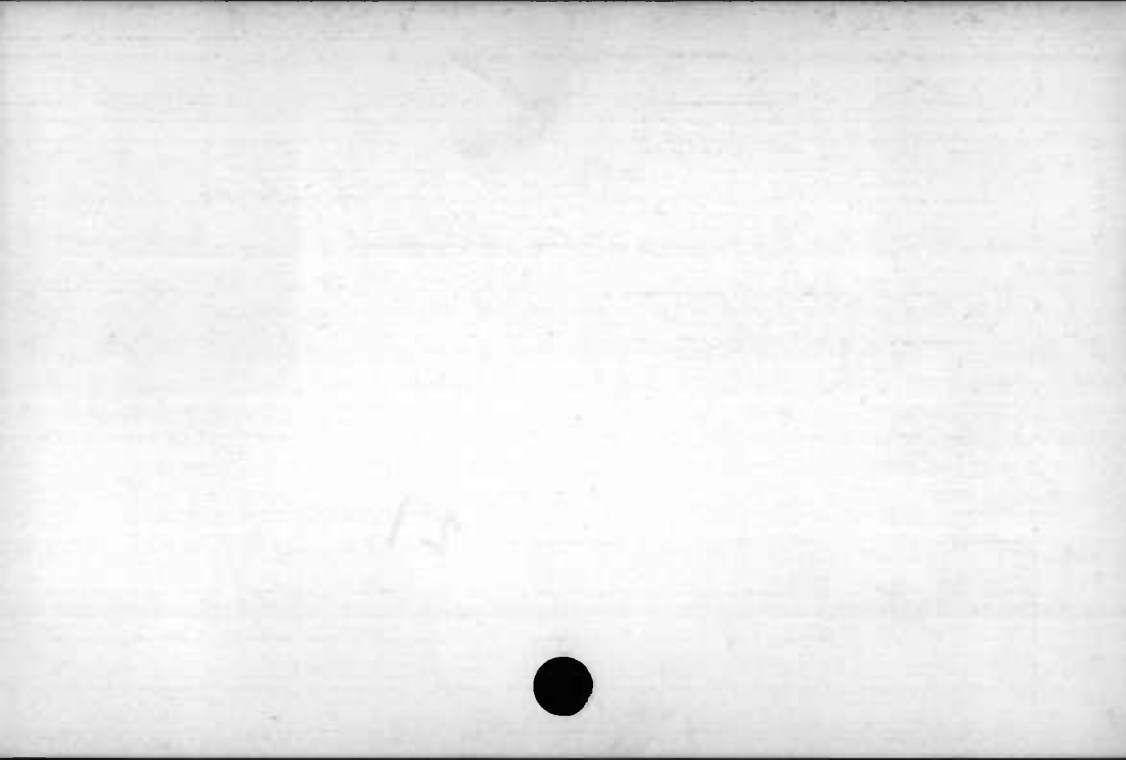
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hermenia Frey</i>		Town <i>Chamberland</i>		County <i>Allegheny</i>		MARYLAND									
Died at		Date of death <i>1905</i>		Month <i>Mar</i>		Day <i>12</i>		Age <i>16</i>		Years <i>16</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Chamberland</i>		Occupation		Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				Father's Name <i>Conrad Frey</i>		Father's Birthplace <i>Germany</i>							
Mother's Maiden Name						Mother's Birthplace									
Name of person giving information <i>Georg Frey</i>						How related to deceased <i>Brother</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Menigitis (6)</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. Wilson</i>	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

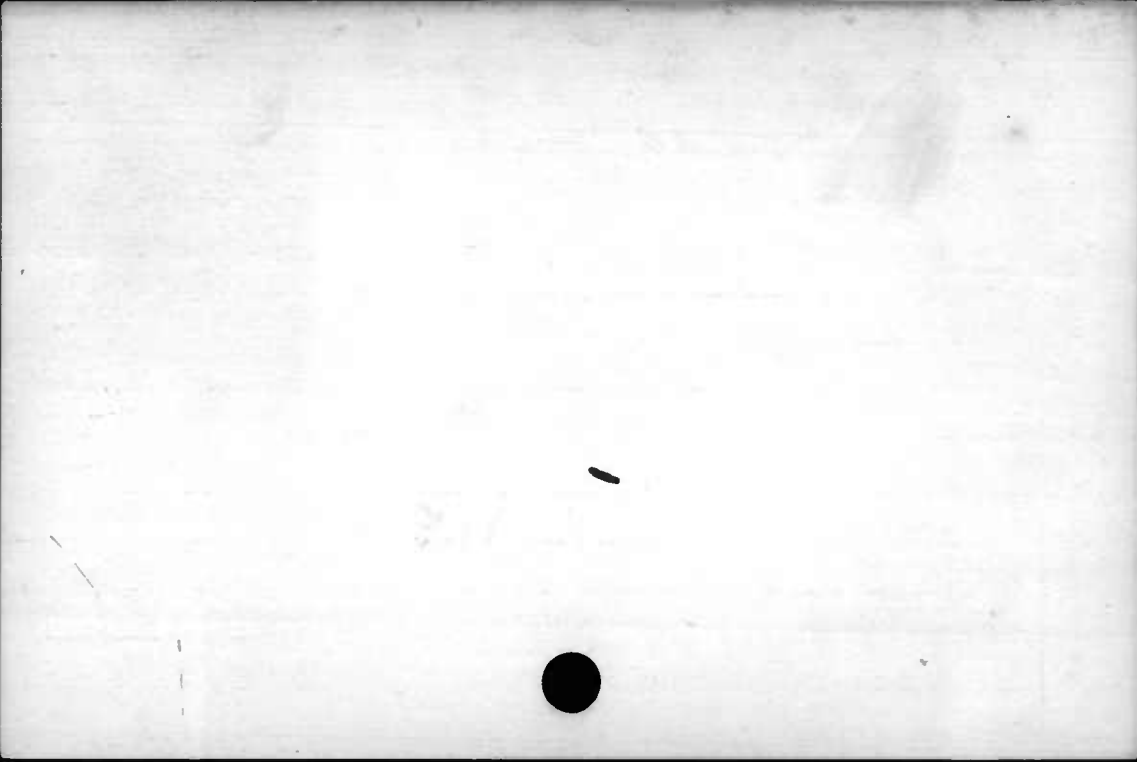
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pekin</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>Mar</i>	Day <i>16</i>	Age <i>—</i>	Months <i>1</i> Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pekin</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>				
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edward Gillespie</i>			Father's Birthplace <i>Pekin</i>		
Mother's Maiden Name <i>Ann Stowell</i>			Mother's Birthplace <i>Yorktown</i>		
Name of person giving information <i>Ed Gillespie</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Encephalitis</i>	How long <i>24 hours</i>
Immediate <i>Convulsions</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Skilling</i>
	Address <i>Linacorny</i>
Accident or Suicide? <i>yes</i>	



Name
in
Full

Geo Green

CERTIFICATE OF DEATH

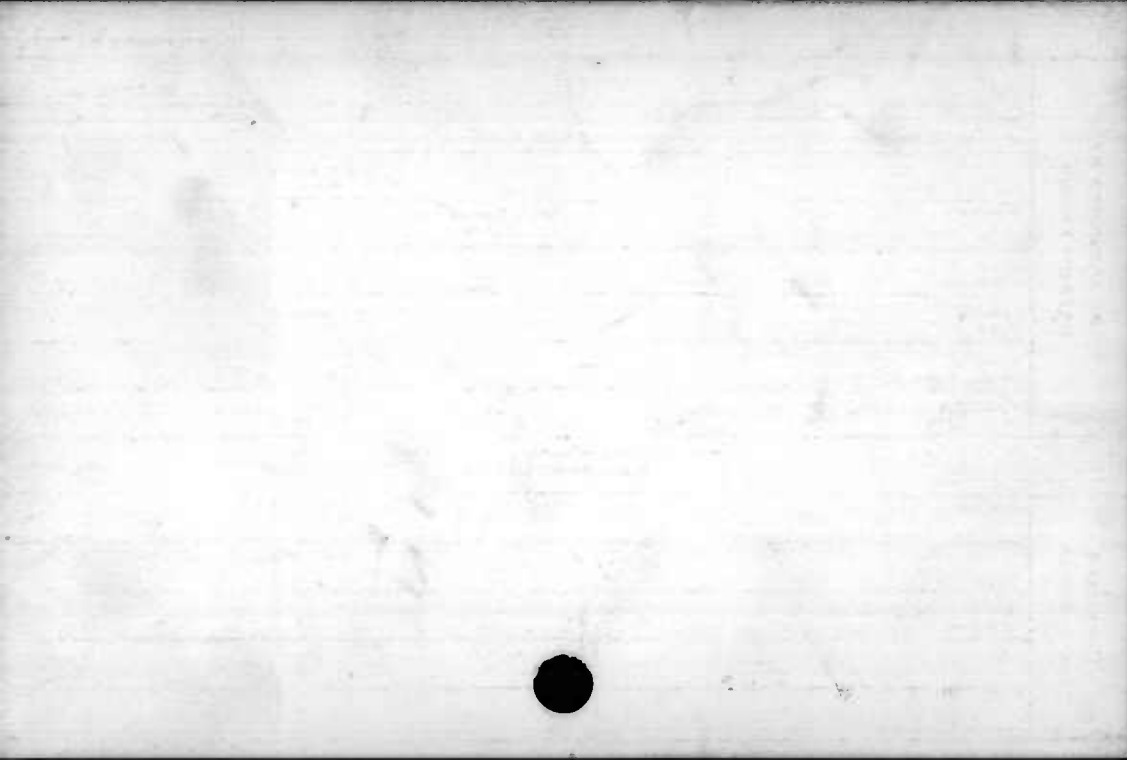
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Camden</u> ^{Town}		County <u>Allegheny Co</u>		MARYLAND	
Date of death	1905	Month	3	Day	30
Age		45		Years	—
Sex	Male	Color or Race	White	Birth-place	—
Occupation	Contractor		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		G. L. Dutcher		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	172	How long
Immediate	Found dead at Everett's Creek	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

Barrie Hendrixson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bumtla</i>		Town <i>acayn</i>		County		MARYLAND	
Date of death <i>1901</i>	Month <i>Mar</i>	Day <i>23</i>	Age <i>23</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bumtla V. Pa</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Sammuel Hendrixson</i>			Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Jessie</i>			Mother's Birthplace <i>-</i>				
Name of person giving information <i>Jessie Hendrixson</i>			How related to deceased <i>Sister</i>				

CAUSES OF DEATH

Primary <i>Pulmonary Consumption</i>	How long <i>2 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>27</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. J. Jones Wilson</i>
	Address <i>Bumtla and Ind</i>
Accident or Suicide?	



Name
in
Full

Hillard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	Month <u>Mar</u>	Day <u>15</u>	Age <u>1</u> Years	Months <u>8</u>	Days <u>15</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Cumberland Md</u>		
Occupation <u>Infant</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Edward Hillard</u>			Father's Birthplace <u>W-Va</u>		
Mother's Maiden Name <u>Myrtle Darr</u>			Mother's Birthplace <u>Cumberland</u>		
Name of person giving information <u>Edward Hillard</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>1 month</u>
Immediate <u>Infection (Exhaustion)</u>	How long <u>3 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. A. Durey M.D.</u>
	Address <u>Cumberland Md</u>
Accident or Suicide? <u>—</u>	

Summer Stem

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

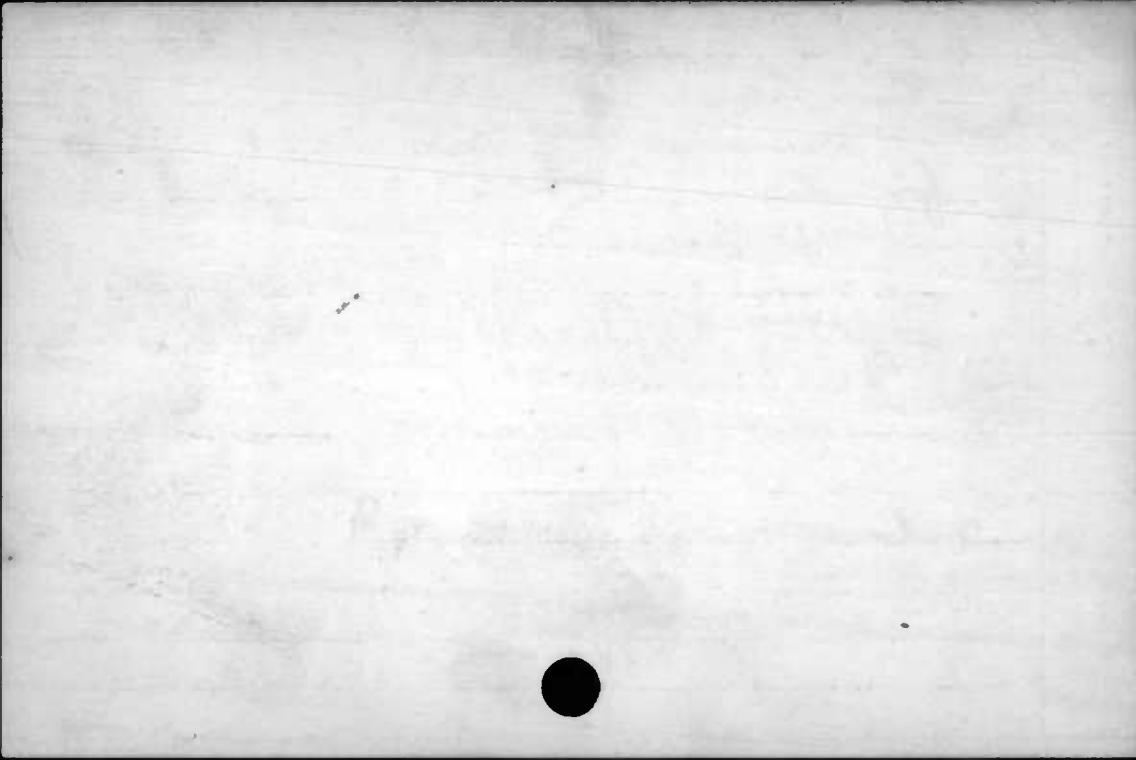
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gunn</i> Town		<i>Alle</i> County			
Date of death	<i>1905</i>	Month	<i>Mar</i>	Day	<i>20</i>
				Age	<i>47</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation	<i>house wife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>James O S Hinkle</i>		
Father's Name	<i>—</i>			Father's Birthplace	
Mother's Maiden Name	<i>—</i>			Mother's Birthplace	
Name of person giving information	<i>James O S Hinkle</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright disease</i>	How long	<i>120</i>
Immediate		How long	<i>13rs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thomas W Koon</i>		
	Address <i>Ex 10000</i>		
Accident or Suicide?			



Name
in
Full

Solter E Duskeep

CERTIFICATE OF DEATH

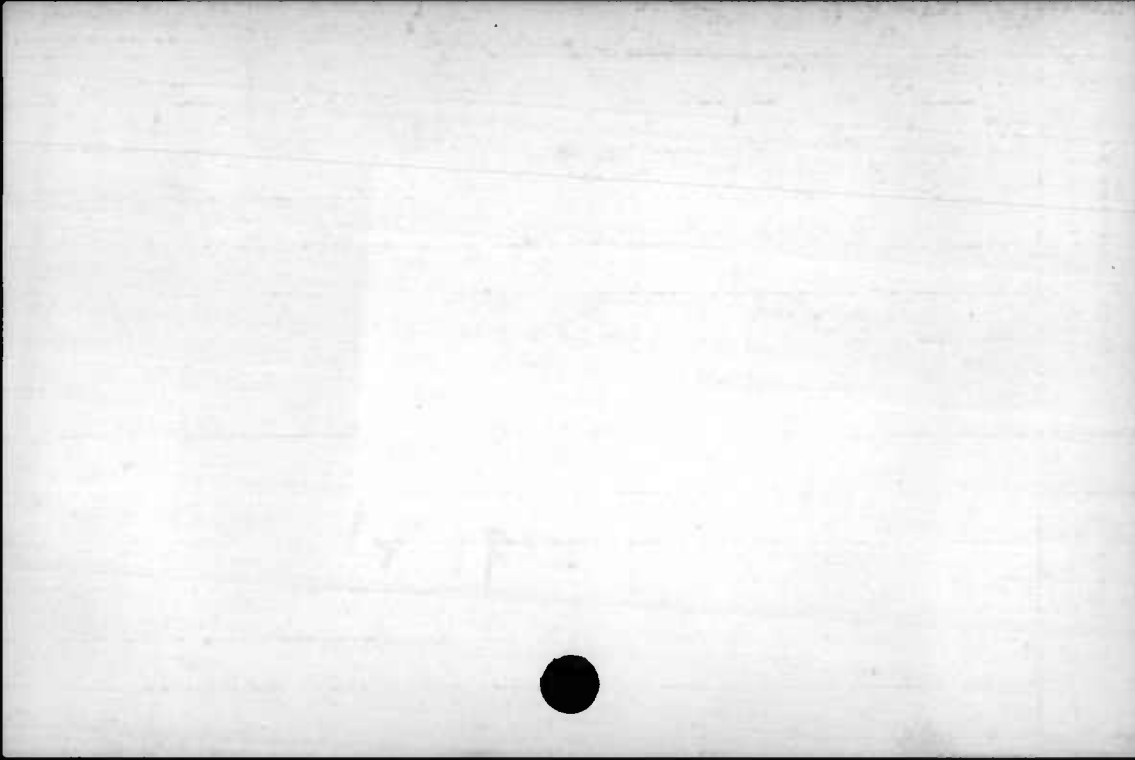
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>McCool</i>		^{County} <i>Allegh.</i>		MARYLAND	
Date of death	1905	Month	<i>Mar</i>	Day	<i>6</i>
		Age	<i>22</i>	Years	<i>1</i>
				Months	<i>11</i>
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>MD</i>
Occupation	<i>housewife</i>		Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>John Duskeep</i>			Father's Birthplace	<i>-</i>
Mother's Maiden Name	<i>Geldia Miller</i>			Mother's Birthplace	<i>-</i>
Name of person giving information	<i>@ J Hoffman</i>			How related to deceased	<i>son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of bones</i>	How long	<i>one year</i>
Immediate	<i>-</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>@ J Hoffman</i>
		Address	<i>Keyser</i>
Accident or Suicide?			<i>Wra</i>



Name
in
Full

William R. Jackson

CERTIFICATE OF DEATH

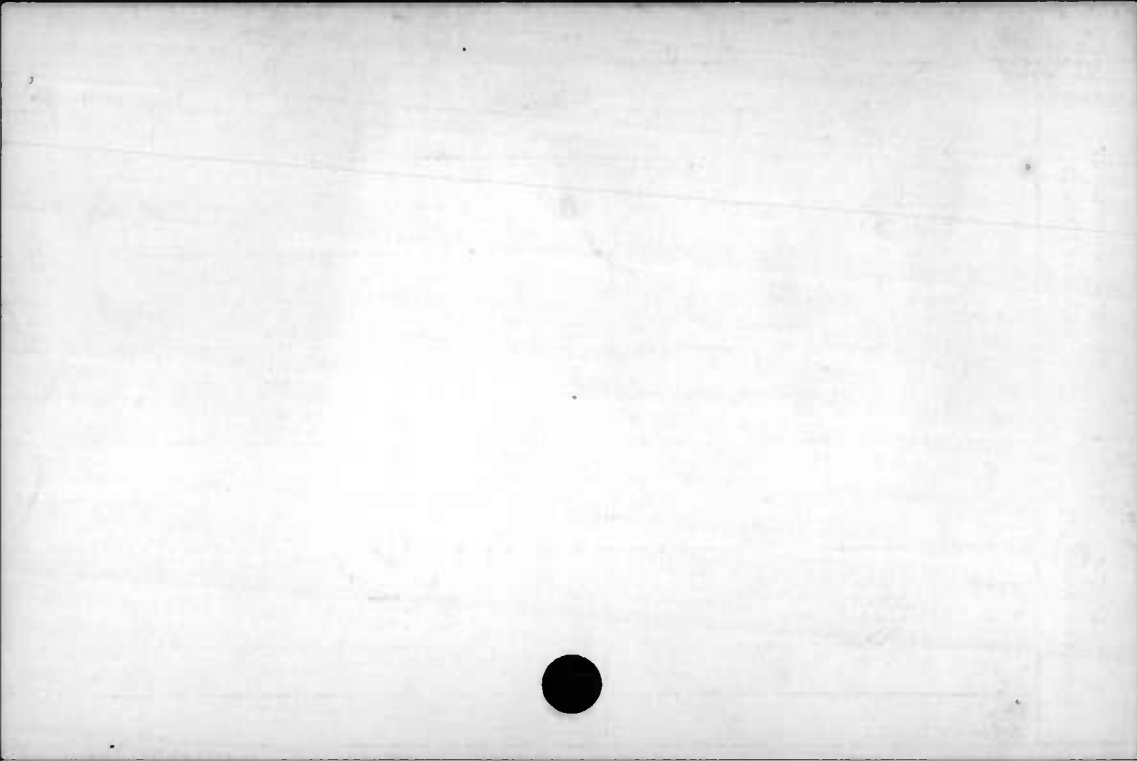
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1905		March		18		Age 51	
Sex		Color or Race		Birth-place		Months	
Male		White		Scotland		8	
Married, Single or Widowed		Occupation		Months		Days	
Married		Miner		8		25	
Name of Wife or Husband				Elizabeth Jackson			
Father's Name				Father's Birthplace			
Thomas Jackson				Scotland			
Mother's Maiden Name				Mother's Birthplace			
Janet Russell				Scotland			
Name of person giving information				How related to deceased			
Elizabeth Jackson				Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis	How long	3 months
Immediate	Thrombosis	How long	1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Henry M. Hodgson	
Address			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

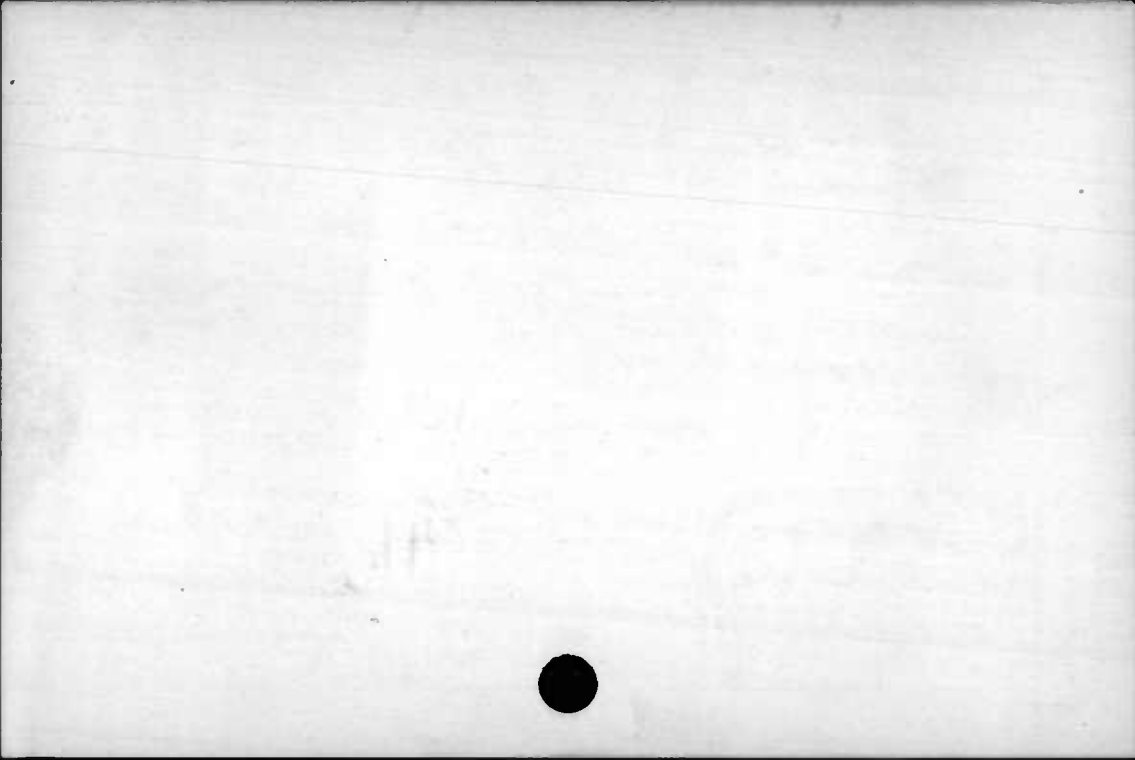
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bunkland</u> <u>Weymouth</u> County		MARYLAND	
Date of death 190 <u>5</u>	Month <u>3</u>	Day <u>22</u>	Age <u>32</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Bunkland</u>	
Occupation <u></u>	Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u></u>	Name of Wife or Husband <u></u>		
Father's Name <u>Edwin Johnson</u>	Father's Birthplace <u>Summit, Md</u>		
Mother's Maiden Name <u>Maggie Hagar</u>	Mother's Birthplace <u>" "</u>		
Name of person giving information <u></u>	How related to deceased <u></u>		

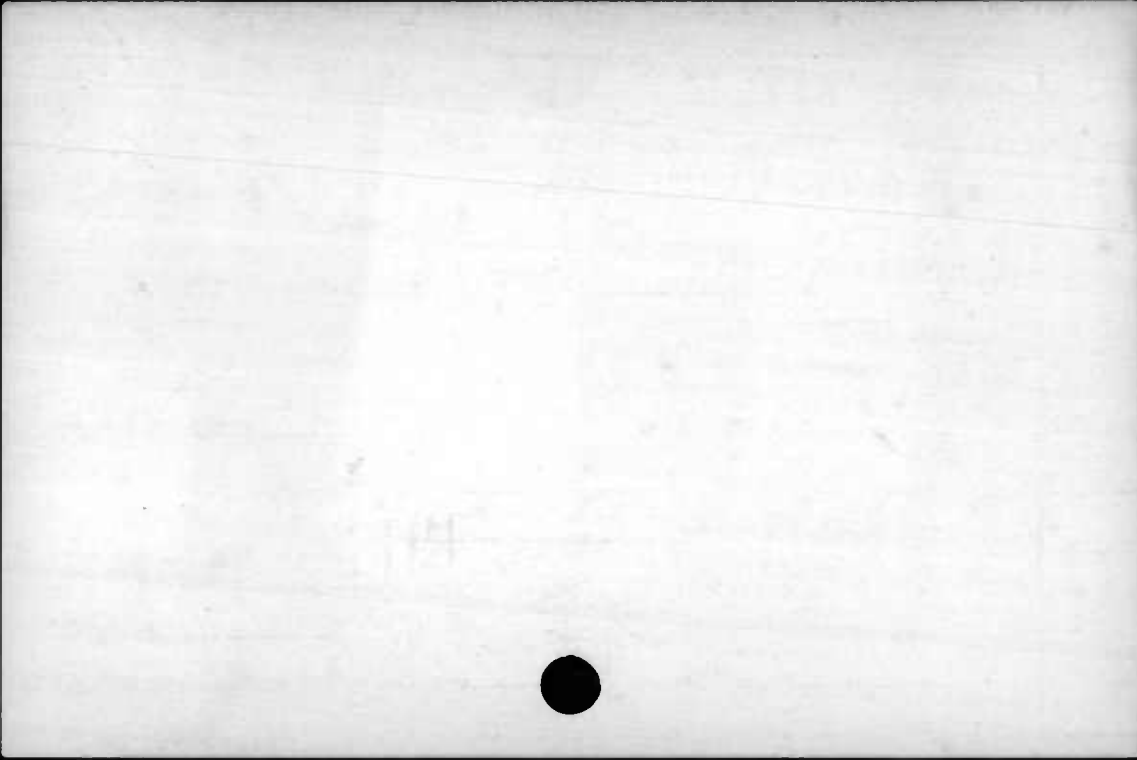
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature Birth</u>	How long <u>1 mo</u>
Immediate <u>Exhaustion</u>	How long <u>4 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. F. Turgg</u>
	Address <u>Bunkland</u>
Accident or Suicide? <u></u>	



Name in Full		Mrs Thos Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cumberland		County Allegh.		MARYLAND
	Date of death	1905	Month	March	Day	+	Age
	Sex		female		Color or Race		white
	Occupation		I & W		Where Residing if not at place of death		—
	Married, Single or Widowed		married		Name of Wife or Husband		Thos Johnson
	Father's Name		—		Father's Birthplace		—
	Mother's Maiden Name		—		Mother's Birthplace		—
Name of person giving information		Thos Johnson		How related to deceased		husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Disease of heart - 199			How long	
	Immediate		Syncope			How long	
	Are the name, age, sex, color, date and place correctly given above?		yes			12 Days & few minutes	
	Signature of Physician		A. H. Brace M.D.			Address	
					Cumberland		
					ms		
					Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

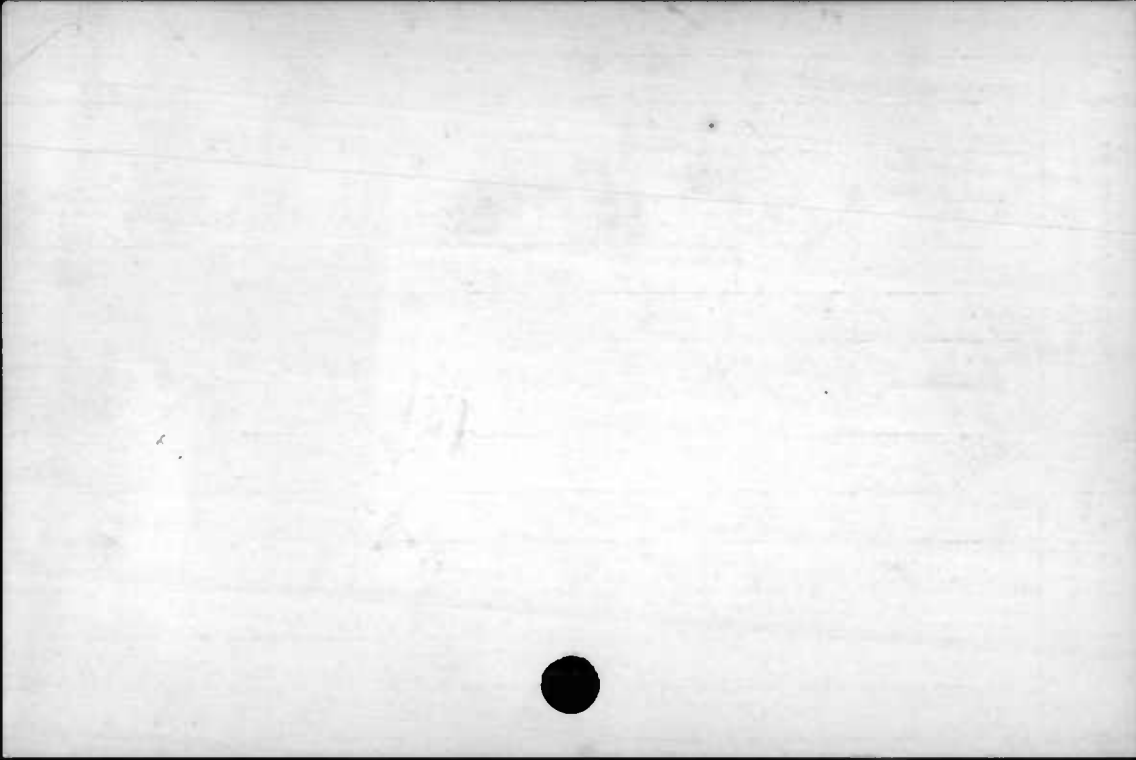
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Mar</i>	Day <i>26</i>	Age <i>57</i>	Months <i>11</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm H Johnston</i>			
Father's Name <i>Solomon</i>		Father's Birthplace <i>Rue</i>			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Wm H. Rice Jr</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>80</i>
Immediate <i>Angina Pectoris</i>	How long <i>20 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. B. Laybrook</i>
	Address <i>Chickadee</i>
Accident or Suicide?	



Name
in
Full

Nellie Kerns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burrhead</i>		Town <i>Burrhead</i>		County <i>Allegh</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>March</i>	Day <i>16</i>	Age <i>65</i>	Years	Months <i>1</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Flinstone Md</i>				
Occupation <i>—</i>	Where Residing If not at place of death <i>—</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>—</i>	Father's Birthplace						
Mother's Maiden Name <i>—</i>	Mother's Birthplace						
Name of person giving information	How related to deceased <i>Grand child</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysphoid fever</i>	How long <i>11</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. J. Wales, M.D.</i>
	Address <i>Burrhead Md</i>
Accident or Suicide?	

Summont Stein

Name
in
Full

John Larsen

CERTIFICATE OF DEATH

Died at *Little Orleans* ^{Town} *Allegheny* ^{County} **MARYLAND**

Date of death *1905* ^{Month} *March* ^{Day} *31* ^{Years} *19* ^{Months} ^{Days}

Sex *Male* Color or Race *White, Swede* Birth-place *Sweden*

Occupation *Laborer* Where Residing if not at place of death *—*

~~Married~~, Single

Name of Wife or Husband

Father's Name

Don't know

Father's Birthplace

—

Mother's Maiden Name

Mother's Birthplace

—

Name of person giving information

Mr. Chas. Jackson

How related to deceased

Foreman

CAUSES OF DEATH

Primary

Congestion of stomach

How long

10 1/2 days

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. E. E. E.

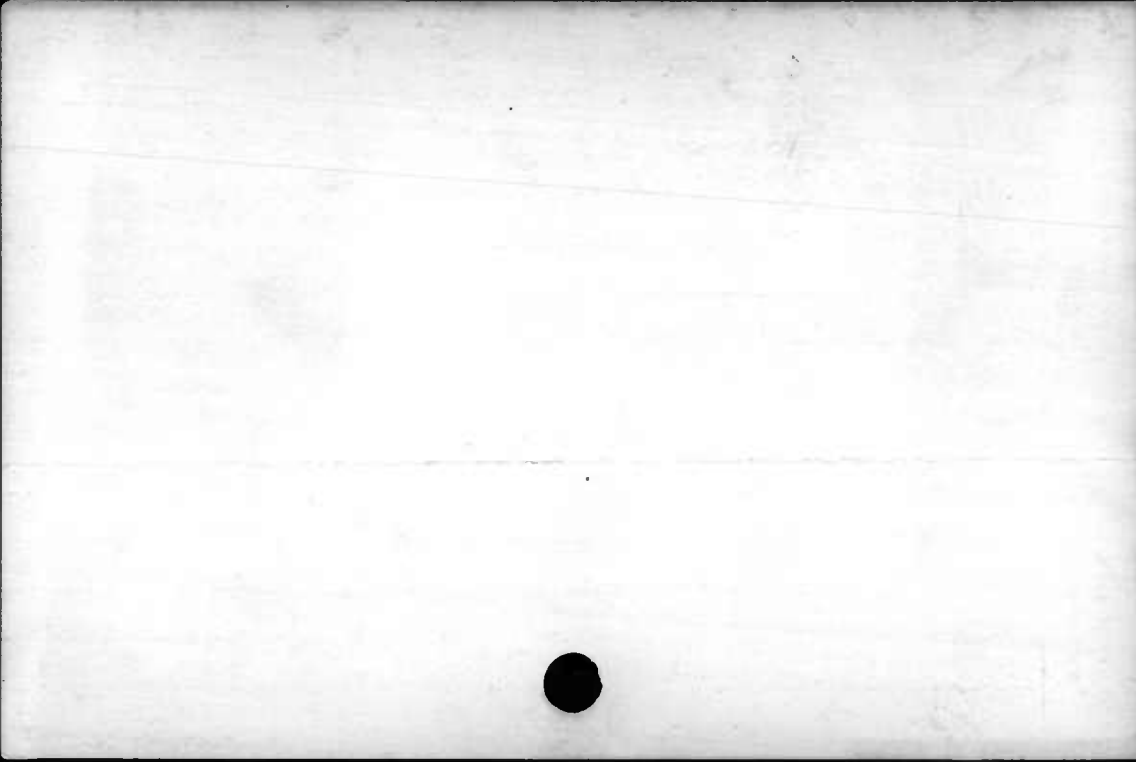
Address

Little Orleans

Accident or Suicide?

Neither. Saw deceased only after death.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

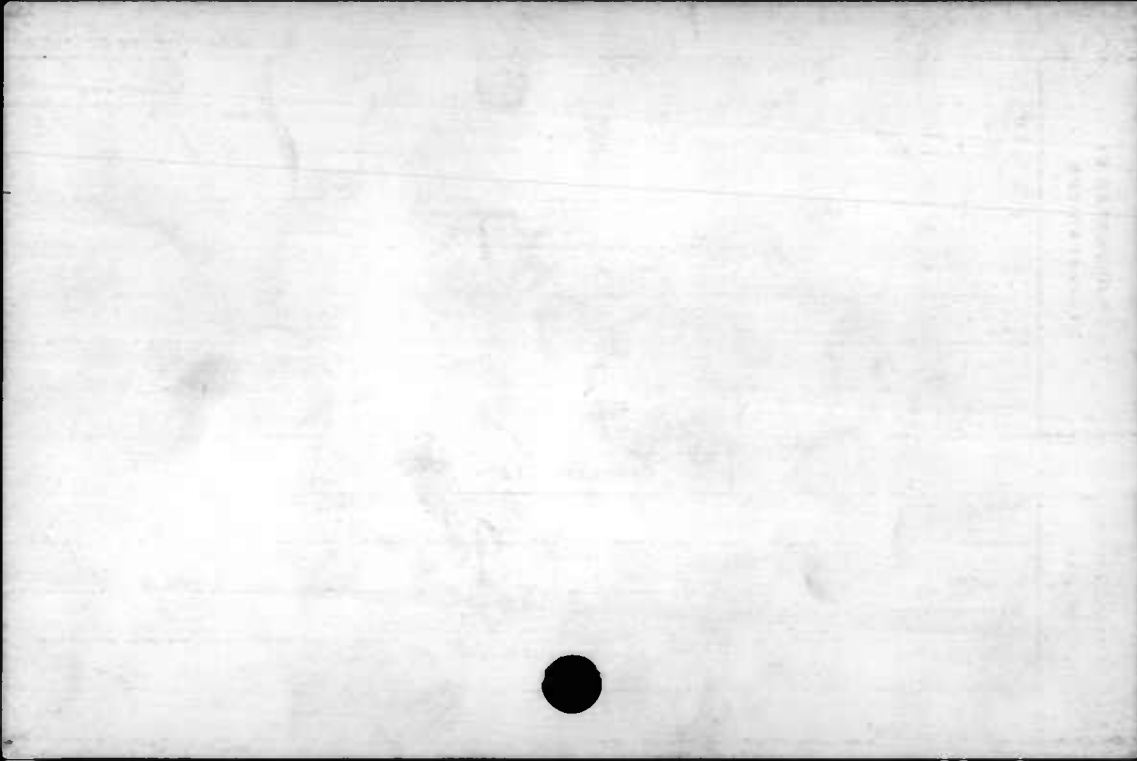
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>March</i>	Day <i>21</i>	Age <i>35</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place		
Occupation <i>Porter</i>		Where Residing if not at place of death			
Married Single		Name of Wife or Husband			
Father's Name <i>Washington Leach</i>		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Geo Palmer 99</i>		How related to deceased <i>Friend</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lung Trouble</i> ✓	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dennis E. Keas</i>
		Address <i>Cumberland M.D.</i>
Accident or Suicide?		



Name
in
Full

Martin McCabe

CERTIFICATE OF DEATH

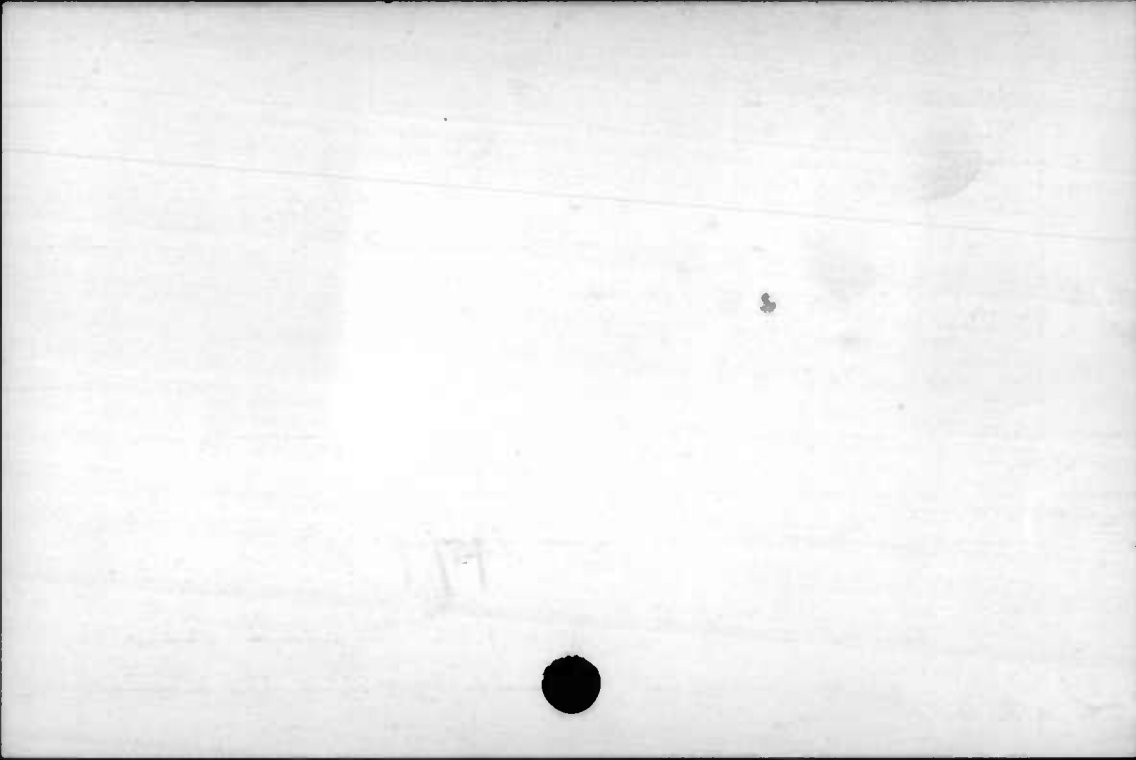
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Op. Patterson Creek</i>		Town <i>Allegany</i>		County	
Date of death <i>1905</i>	Month <i>Feb</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>		Days <i>—</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James P. McCabe</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Katherine Wheeler</i>		Mother's Birthplace <i>W. Va.</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 Days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Principal [illegible] M.D.</i>
	Address <i>Alaska, W. Va.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

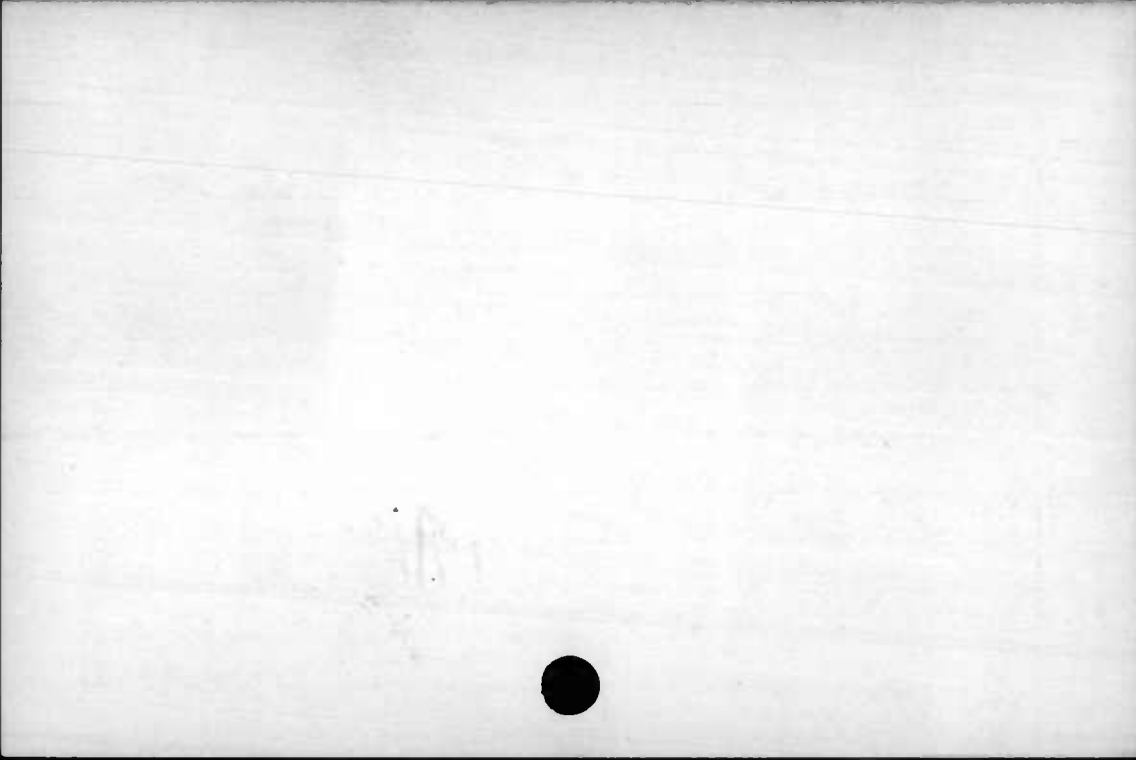
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frostburg</i>		County <i>Allegany</i>		MARYLAND	
Date of death		Month <i>5</i>	Day <i>19</i>	Age	Years <i>7</i>	Months <i>—</i>	Days <i>12</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Frostburg</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Don't know</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Elizabeth McMillan</i>				Mother's Birthplace <i>Frostburg</i>			
Name of person giving information <i>Elizabeth McMillan</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Don't know</i>	How long	<i>about 10 hrs</i>
Immediate	<i>179</i>	How long	<i>✓</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. A. Cober</i>	
<i>No</i>		Address <i>Frostburg Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		March	23	20			
Sex	Female	Color or Race	White	Birth-place	Cockeysville		
Occupation	School girl			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Jas R. McMillan			Father's Birthplace			
Mother's Maiden Name	Barbara Ellen Feldman			Mother's Birthplace			
Name of person giving information	Mrs. Jno. Marshall			How related to deceased			
			Aunt				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Scarlet fever	How long	3 days
Immediate	Cardiac failure	How long	10 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. A. Colby
		Address	Fortune, Md.
Accident or Suicide?	No		

Wm

Catholic

Cum gratia

fortis

Name
in
Full

Armin Marsh

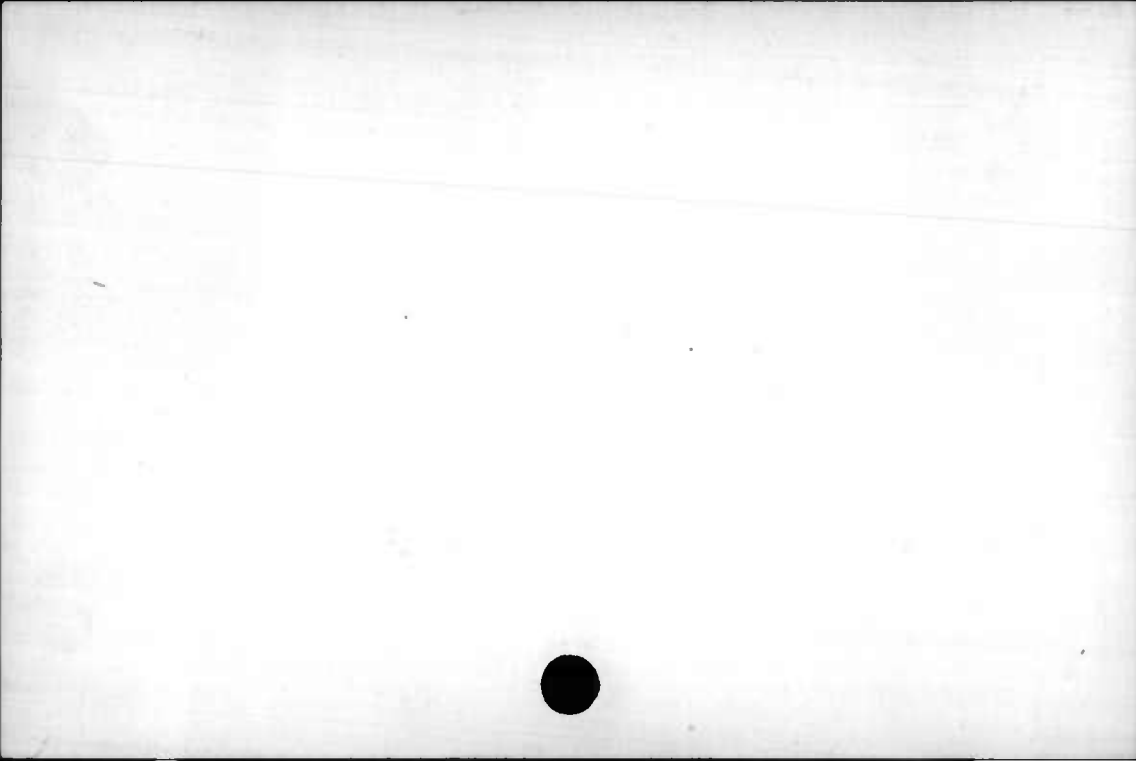
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegh.		MARYLAND									
Date of death		1905		Month March		Day 14		Age 65		Years		Months		Days	
Sex		female		Color or Race		col.		Birth-place		unk					
Occupation		hw		Where Residing if not at place of death											
Married, Single or Widowed		—		Name of Wife or Husband		—									
Father's Name		unknown		Father's Birthplace		"									
Mother's Maiden Name		"		Mother's Birthplace		"									
Name of person giving Information		A Marsh		How related to deceased		son									

CAUSES OF DEATH

Primary		Bright-Disease 120		How long		3 mos	
Immediate		Exhaustion		How long		3 days ✓	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		Ct Brace on 5	
						Cumberland Md	
Accident or Suicide?							



Name
in
Full

Francis Lewis Martin

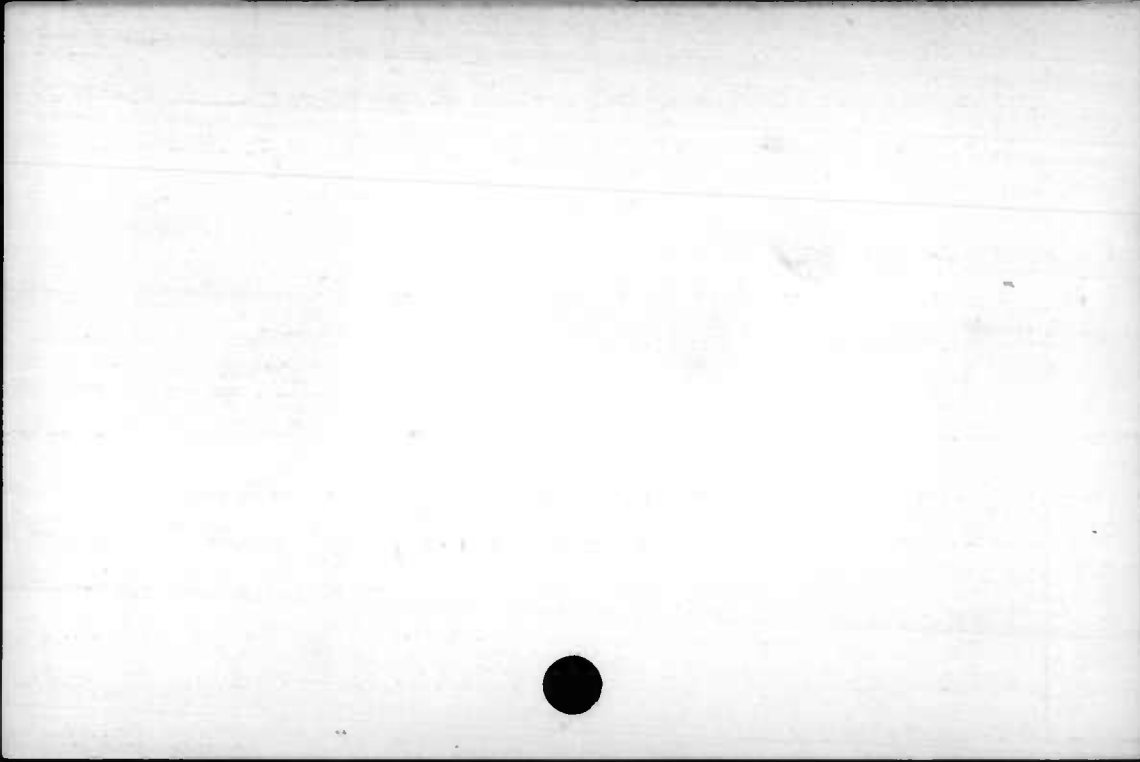
CERTIFICATE OF DEATH

Died at <i>Sora - (Woodlands)</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	190 <i>5</i>	Month <i>March</i>	Day <i>21</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Sora -</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Henry Martin</i>		Father's Birthplace <i>Penn^a</i>			
Mother's Maiden Name <i>Ann^{ie} E. Schell</i>		Mother's Birthplace <i>M^t Savage</i>			
Name of person giving information <i>Mrs Henry Martin</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

Primary	<i>Marasmus</i>	How long	<i>From Birth</i>
Immediate	<i>Eutero-Colitis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James O. Bullock</i>	
Accident or Suicide? <i>no -</i>		Address <i>Smacenic - Maryland</i>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Annie L.R. Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Cumberland ^{County} Allegany

MARYLAND

Date of death 1905 Mar. 5

Month

Day

Age 40

Years

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Jas. Matthews

Father's
Name

James Matthews

Father's
BirthplaceMother's
Maiden Name

Ananda Shaffer

Mother's
BirthplaceName of person giving
Information

James Matthews

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Six Months

Immediate

General Exhaustion

How long

A few days

Are the name, age, sex, color, date
and place correctly given above?

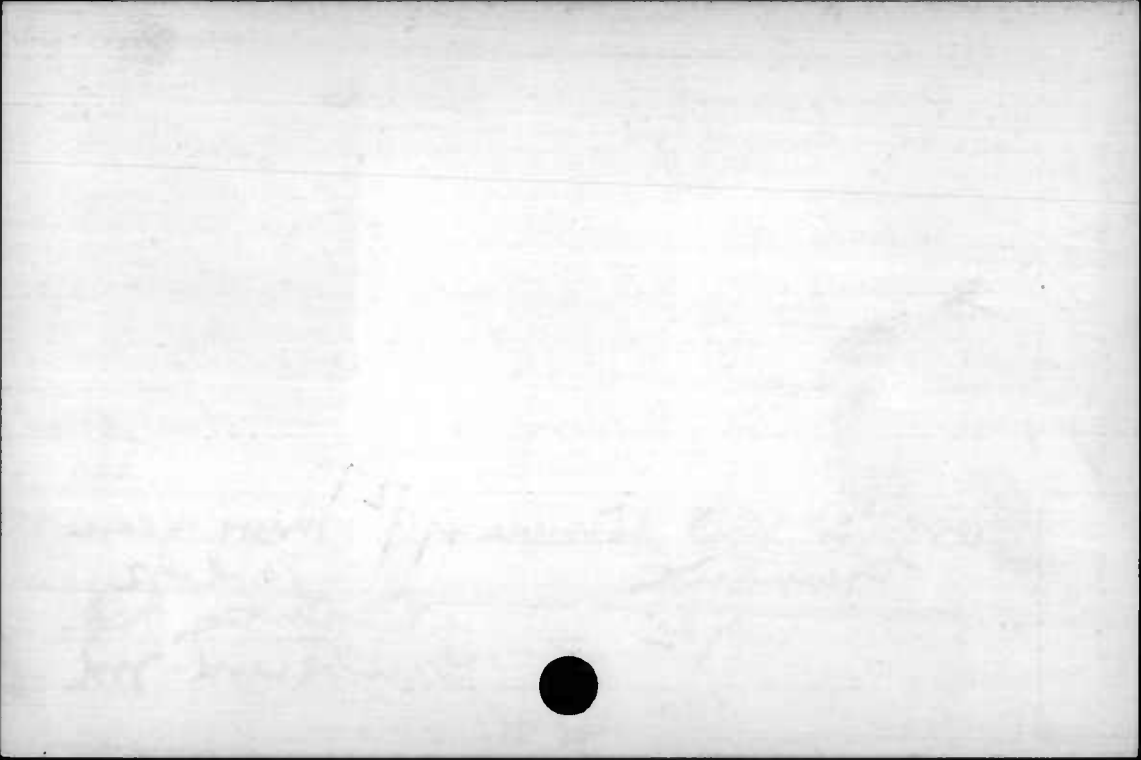
Yes

Signature of
Physician

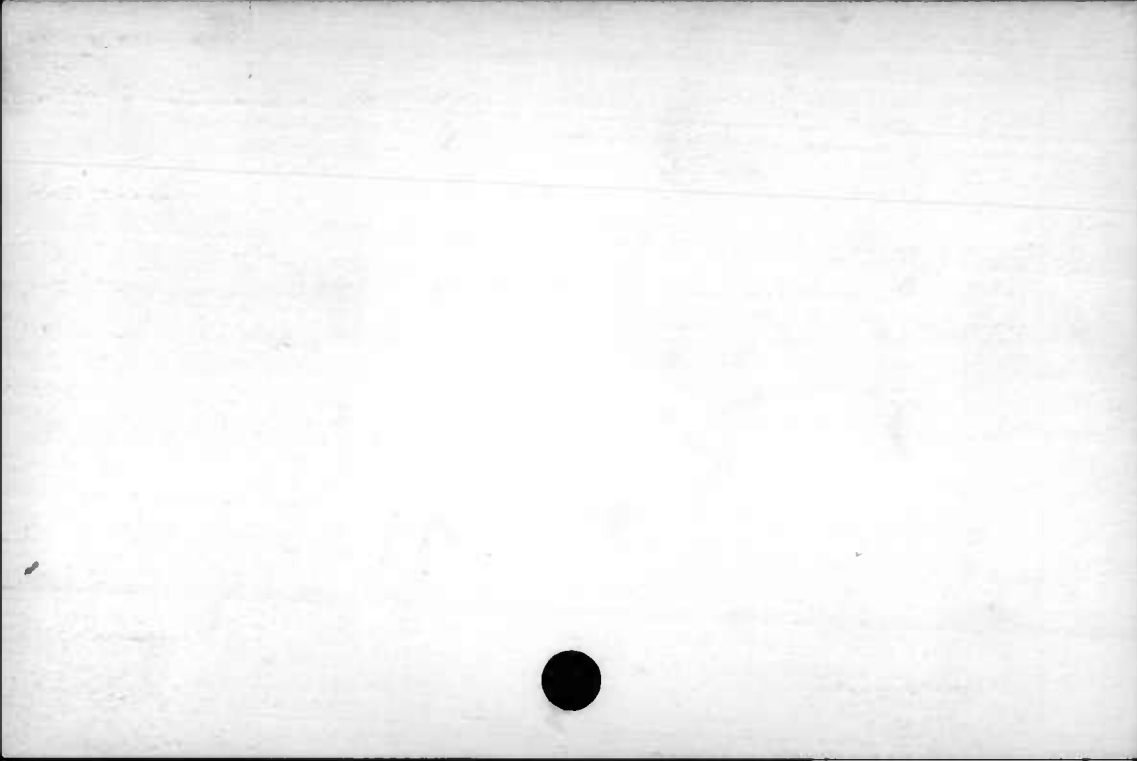
Address

J. H. Thompson
134 N. Mechanic St.

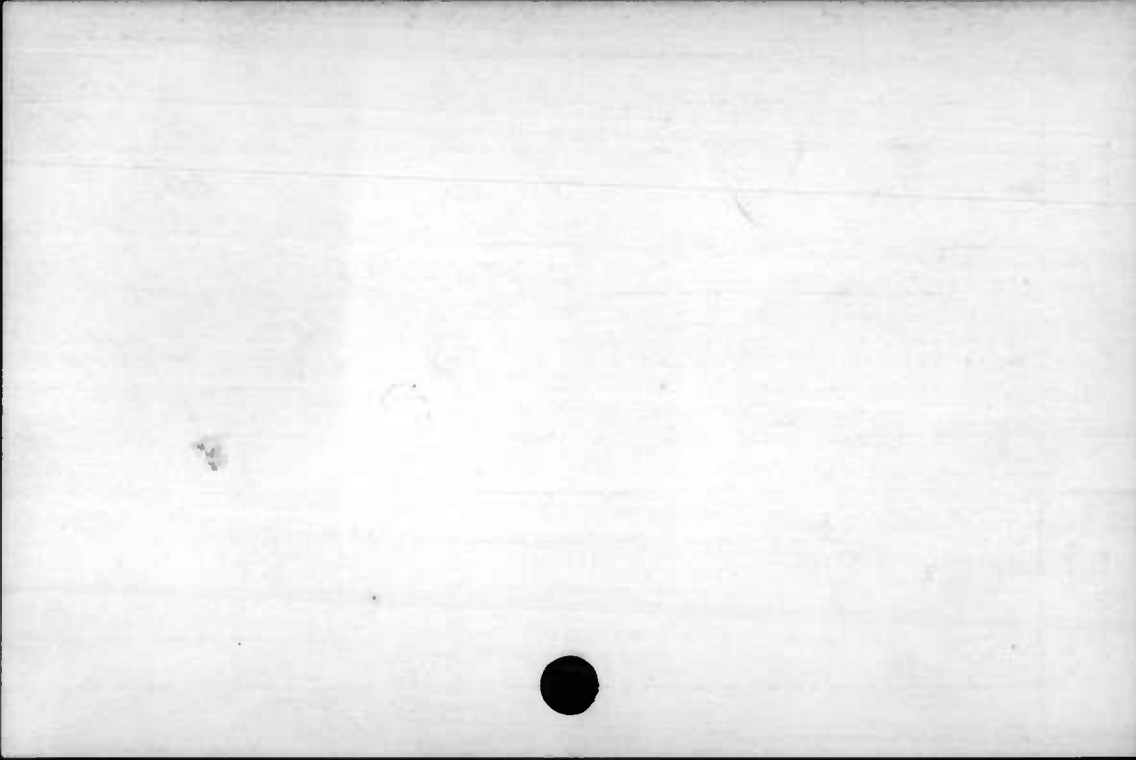
Accident or Suicide?



Name in Full		Theresa Miller				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Cumberland		County Allegheny		
		Date of death		1905	Month March	Day 5	Age 62	Years —
		Sex		Female		Color or Race White		Birth-place Germany
		Occupation		Wife		Where Residing if not at place of death		—
		Married, Single or Widowed		married		Name of Wife or Husband		J. P. Miller
		Father's Name		—		Father's Birthplace		—
Mother's Maiden Name		—		Mother's Birthplace		—		
Name of person giving information		Annie Miller		How related to deceased		daughter		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Organic heart disease				many years		
		Immediate				How long		
		Pneumonia				10 days		
		Are the name, age, sex, color, date and place correctly given above?				yes		
Signature of Physician		E. J. [Signature]						
Address		Cumberland Md						
Accident or Suicide?		for Dr. F. [Signature]						



Name in Full		Margaret Mills				CERTIFICATE OF DEATH	
Town		County				MARYLAND	
Died at		Calumet		Accrugh			
Date of death		1905	Month	3	Day	9	Age
						Years	20
						Months	-
						Days	-
Sex		Female		Color or Race		White	
Birth-place		Pa		Occupation		Wife	
Where Residing if not at place of death		-		Name of Wife or Husband		Patrick Mills	
Married, Single or Widowed		Married		Father's Name		-	
Mother's Maiden Name		-		Father's Birthplace			
Name of person giving information		Patrick Mills		Mother's Birthplace			
How related to deceased		Husband		Signature of Physician		Dr. W. W. Wiley	
CAUSES OF DEATH		Primary		Uremia of the heart		How long	
		Immediate		same		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Dr. W. W. Wiley	
Address		-		Address		Cumberland	
Accident or Suicide?		-		Signature of Physician		M. L.	



Name
in
Full

Peter M Mouse

CERTIFICATE OF DEATH

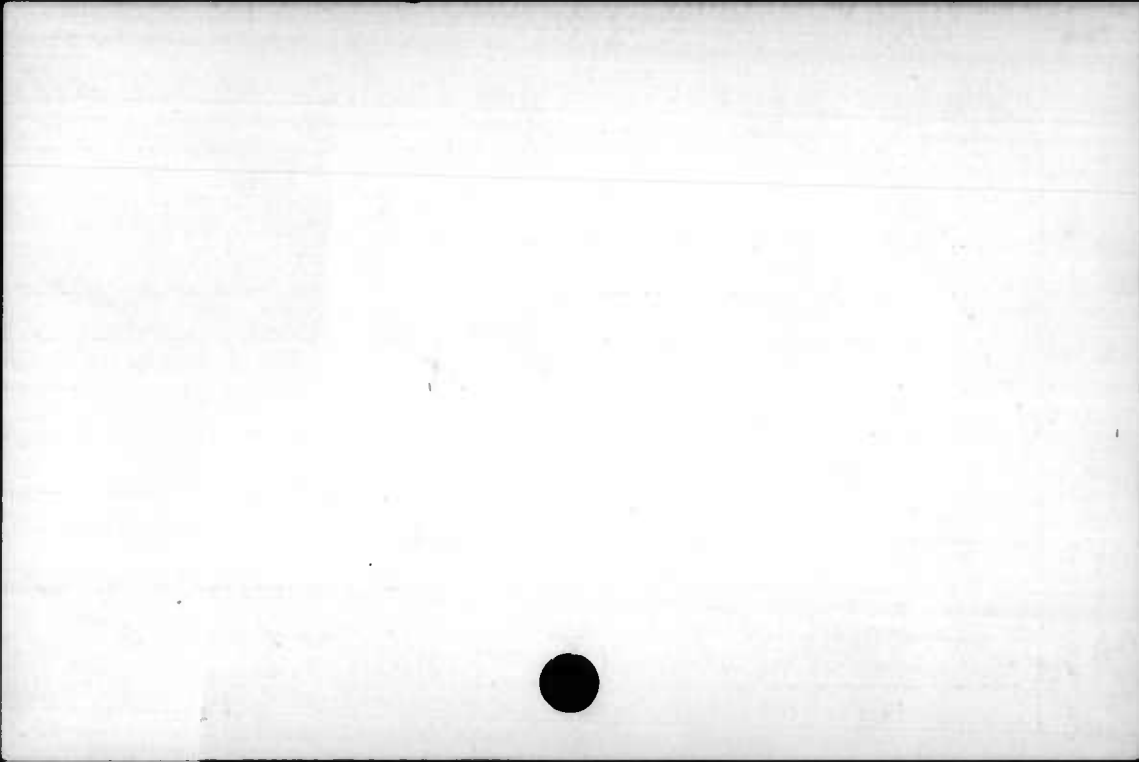
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		March	9	73	5	14	
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation				Where Residing if not at place of death			
Retired							
Married, Single or Widowed		Name of Wife or Husband					
Married		Mary Mouse					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Mary Mouse				Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Regression of Lung	How long	2 weeks
Immediate	Apoplexy	How long	1 hr
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		B. L. Broadbent	
		Address	
		Cumberland	
		Md	
Accident or Suicide?			
No			



Name
in
Full

Richard Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		County <i>Allegany</i>		MARYLAND	
Date of death <i>1901</i>	Month <i>3</i>	Day <i>24</i>	Age <i>64</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>England</i>		
Occupation <i>miner</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Dora Kew</i>			
Father's Name <i>Dora Kew</i>			Father's Birthplace <i>England</i>		
Mother's Maiden Name			Mother's Birthplace <i>England</i>		
Name of person giving information <i>Eli Morgan</i>			How related to deceased <i>uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>'Cancer' Asthma</i>	How long <i>2 years</i>
Immediate <i>Bronchitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Grier</i>
	Address <i>Frederick Md</i>
Accident or Suicide?	

Excellent

G x m

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Frank M. Offutt*

Town *Cumtland Md* County *Chesapeake*

Died at *Cumtland Md*

Date of death *190* Month *March* Day *6th* Age *60* Years Months Days

Sex *Male* Color or Race *White* Birth-place *old Town Md*

Occupation *Retired* Where Residing if not at place of death _____

Married, Single or Widowed *Married* Name of Wife or Husband *Alice*

Father's Name *James W.* Father's Birthplace _____

Mother's Maiden Name *S. J. Freeman* Mother's Birthplace _____

Name of person giving information *S. J. Freeman* How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

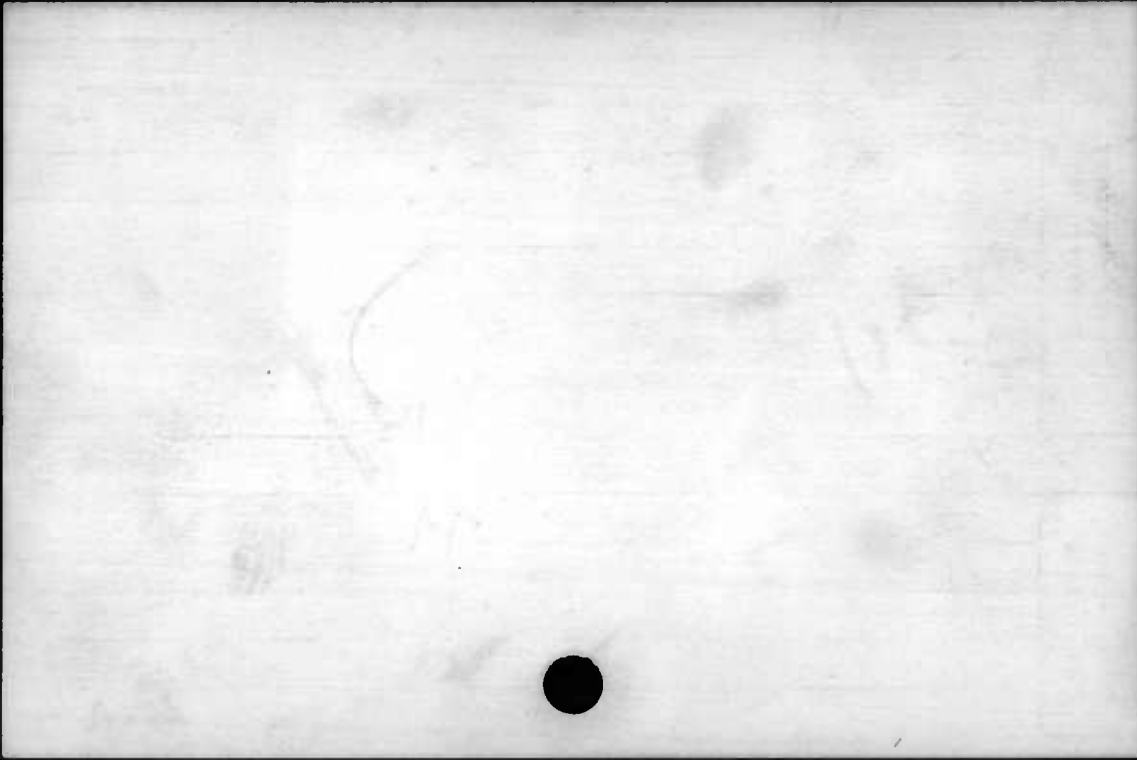
Primary *Disease of heart* *79* How long *2 years*

Immediate *Arteriosclerosis* How long *A few days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. W. Miller* Address _____

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

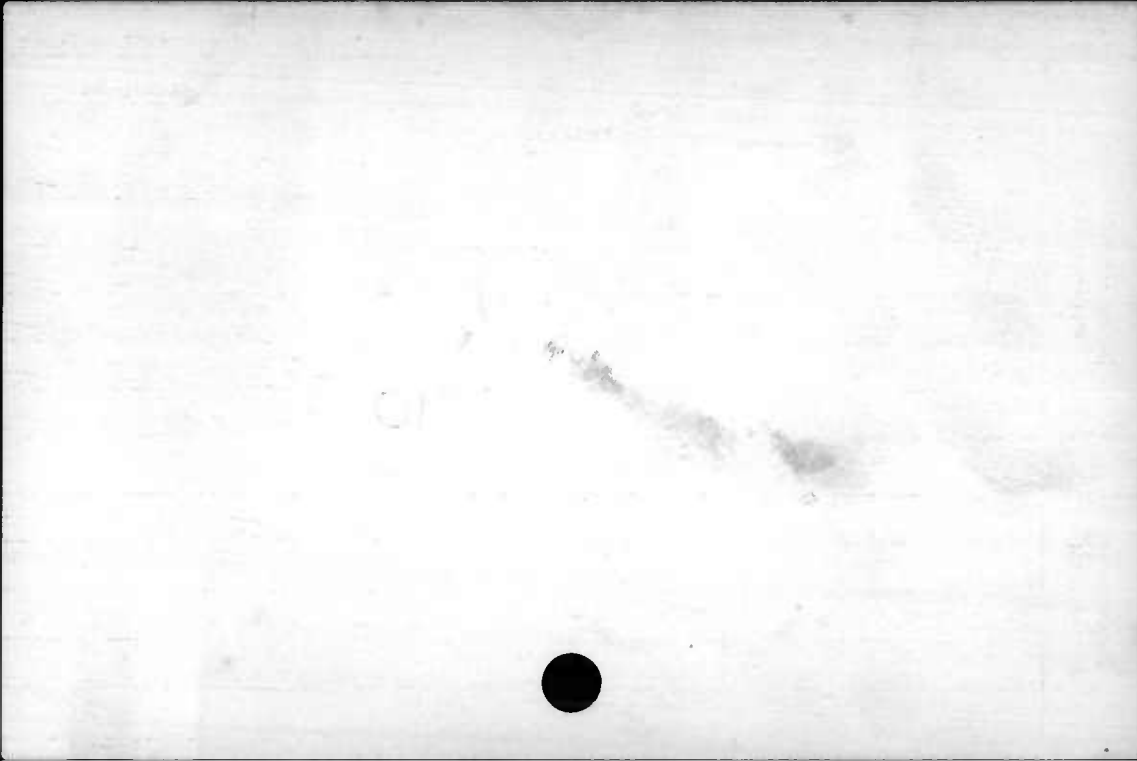
MARYLAND

Name *John P. Peckles* Town *Laurensburg* County *Alleghany*
Died at
Date of death *1905* Month *March* Day *1* Age *66* Years Months Days
Sex *Male* Color or Race *White* Birth-place *Scotland*
Occupation *Retired Miner* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife *Rachel Morgan*
Father's Name *Thomas Peckles* Father's Birthplace *Scotland*
Mother's Maiden Name *Emily Douglas* Mother's Birthplace *Scotland*
Name of person giving information *Mrs. J. M. Peckles* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *La-grippe & Congestion lungs* How long *3 weeks*
Immediate *Cerebral Hemorrhage* How long
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. D. Killing*
Address *Laurensburg*
Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

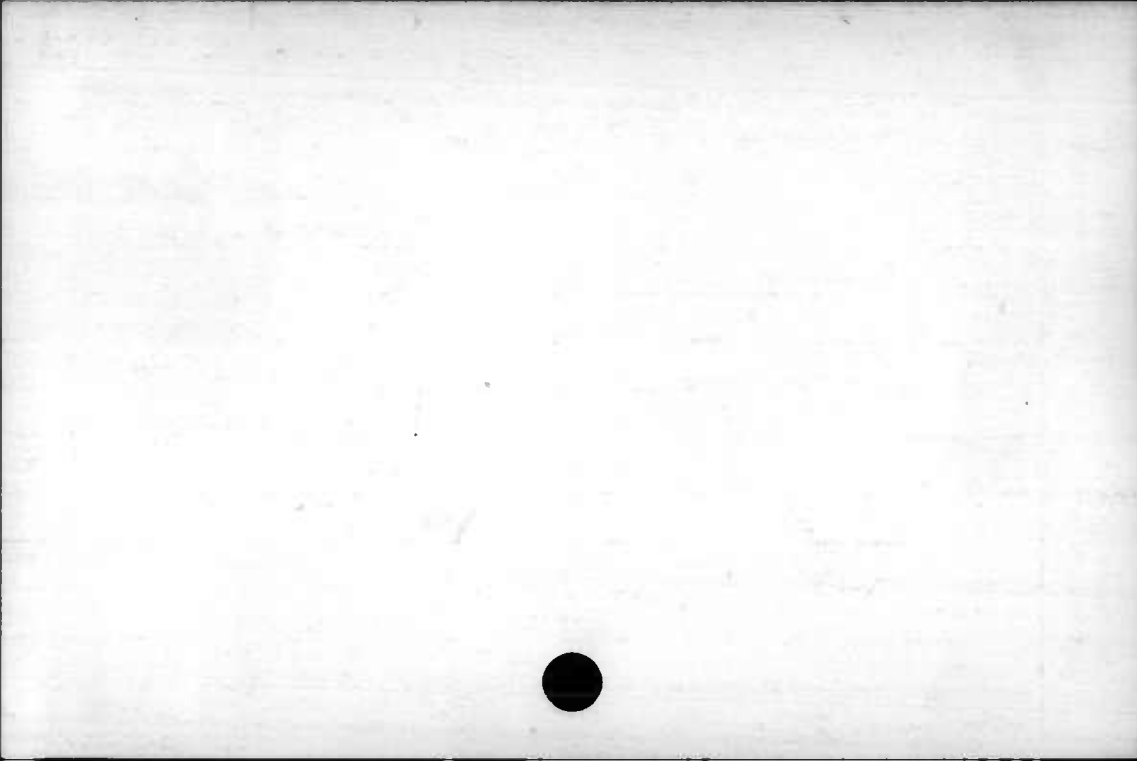
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lansacoming</i> Town		<i>Alleghany</i> County		MARYLAND	
Date of death <i>1905 March 19</i>		Age <i>36</i>		Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Boekwin S. Wales</i>			
Occupation <i>Engineer</i>	Where Residing if not at place of death <i>Boekwin S. Wales</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife <i>Grace S. Simmons</i>				
Father's Name <i>Alfred Pellard</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Elizabeth Lewis</i>	Mother's Birthplace <i>S. Wales</i>				
Name of person giving information <i>Hugh Simmons</i>	How related to deceased <i>Brother-in-law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocardial Infarction</i>	How long <i>3 weeks</i>
Immediate <i>Abscess of liver</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. D. Skilling</i>
	Address <i>Lansacoming</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

John Kim Parley
Mr. Savage *Belgium*

Date

of death 190

5 *hch* *1*

Age

Years

83

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Married, Single
or Widowed

Married

Occupation

Lumberman

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

Wm. H. Jones

How related
to deceased

son-in-law

CAUSES OF DEATH

Primary

Probably Brights 12 or 4 years

Immediate

Cardiac Syncope 1 week

Are the name, age, sex, color, date
and place correctly given above?

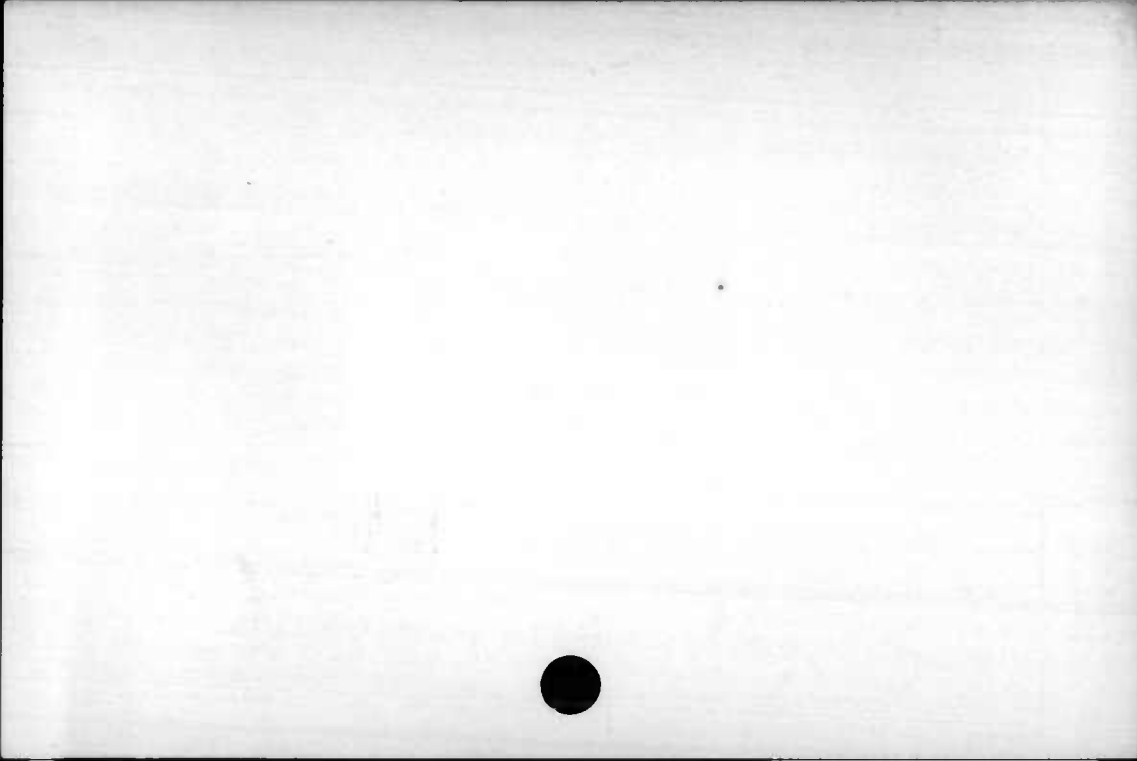
Yes

Signature of
Physician

Address

Edward Quailley
Mr. Savage

Accident or Suicide?



Name
in
Full

William B. Poland.

CERTIFICATE OF DEATH

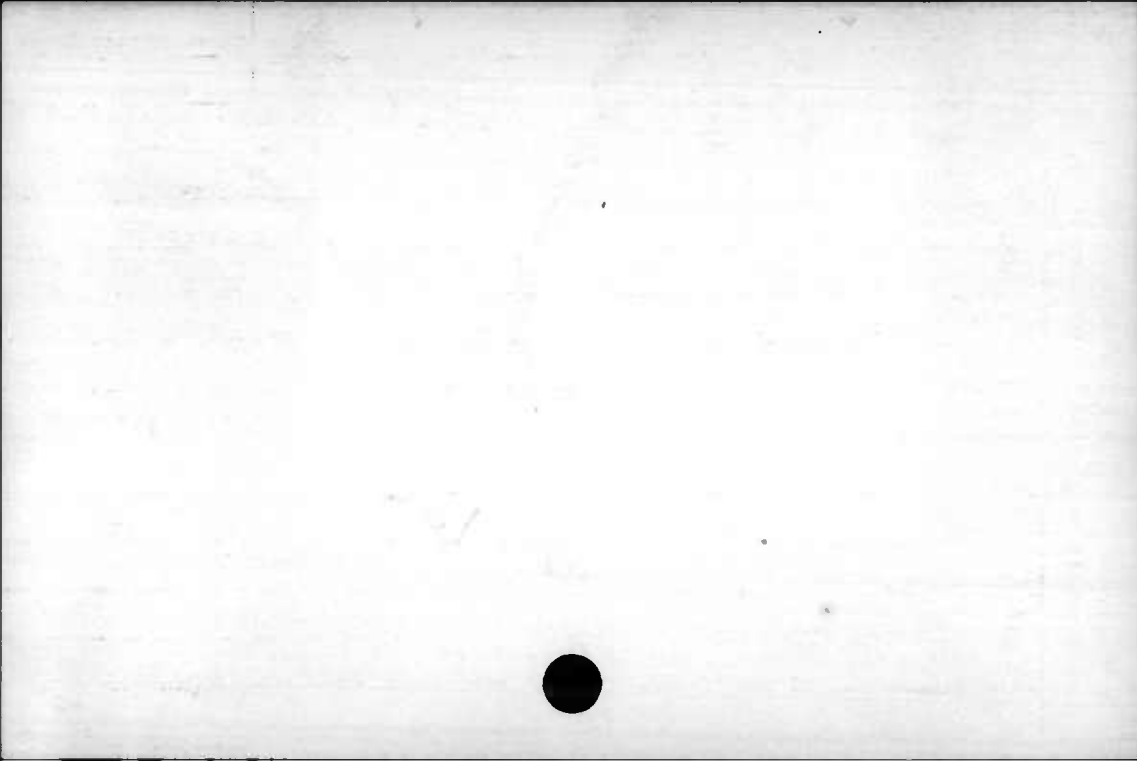
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Neardisport</i>		Town <i>alligany</i>		County		MARYLAND	
Date of death	1905	Month	3	Day	6	Age	86
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>10</i> Days <i>19</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Poland</i>		Father's Birthplace <i>Va.</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>W. Poland</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>154</i>	How long	<i>about 10 days</i>
Immediate	<i>old age (Heart failure)</i>	How long	<i>+</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Shupe</i>	
		Address <i>Westernport Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

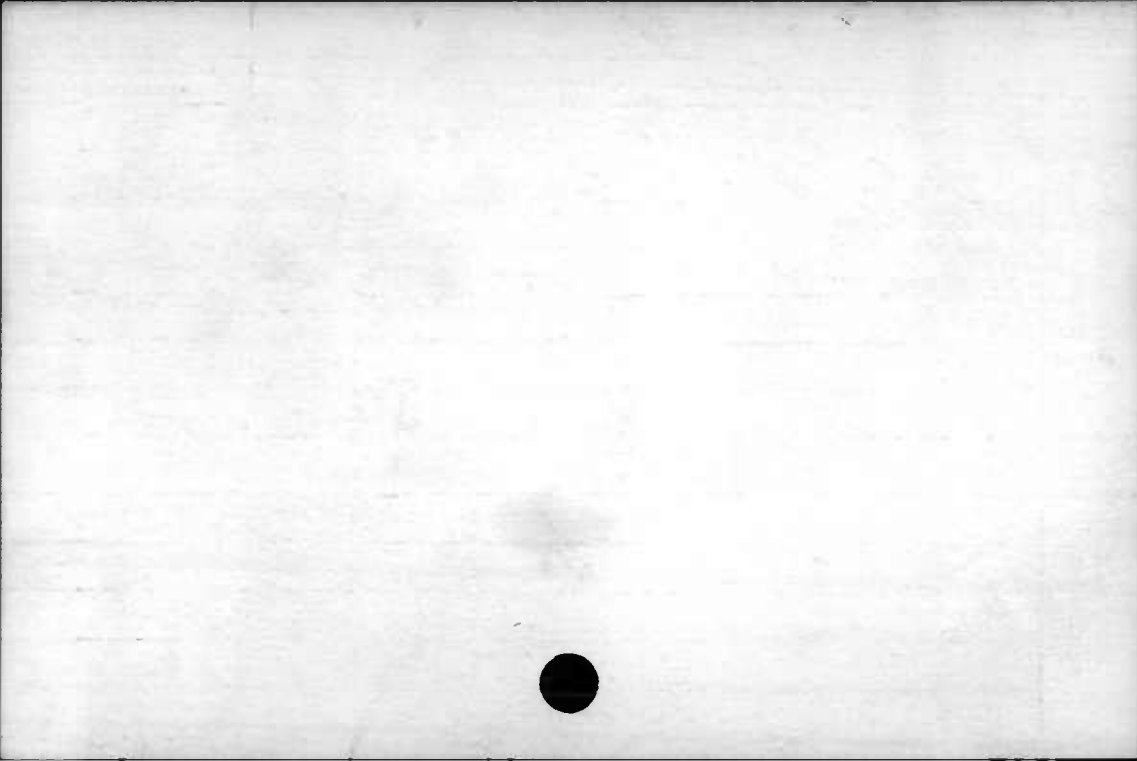
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chilmark</i>		Town <i>Chilmark</i>		County <i>Allegany</i>		STATE OF <i>MARYLAND</i>	
Date of death <i>190</i>	Month <i>3</i>	Day <i>26</i>	Age <i>74</i>	Years <i>5</i>	Months <i>3</i>	Days <i>3</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widower</i>			Name of Wife or Husband <i>Larisa Lyons</i>				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Mrs C. R. Merrill</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Progressive Paralysis</i>	How long <i>4 years</i>
Immediate <i>same</i>	How long <i>66</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. H. Parsons</i>
	Address <i>Piedmont W. Va.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

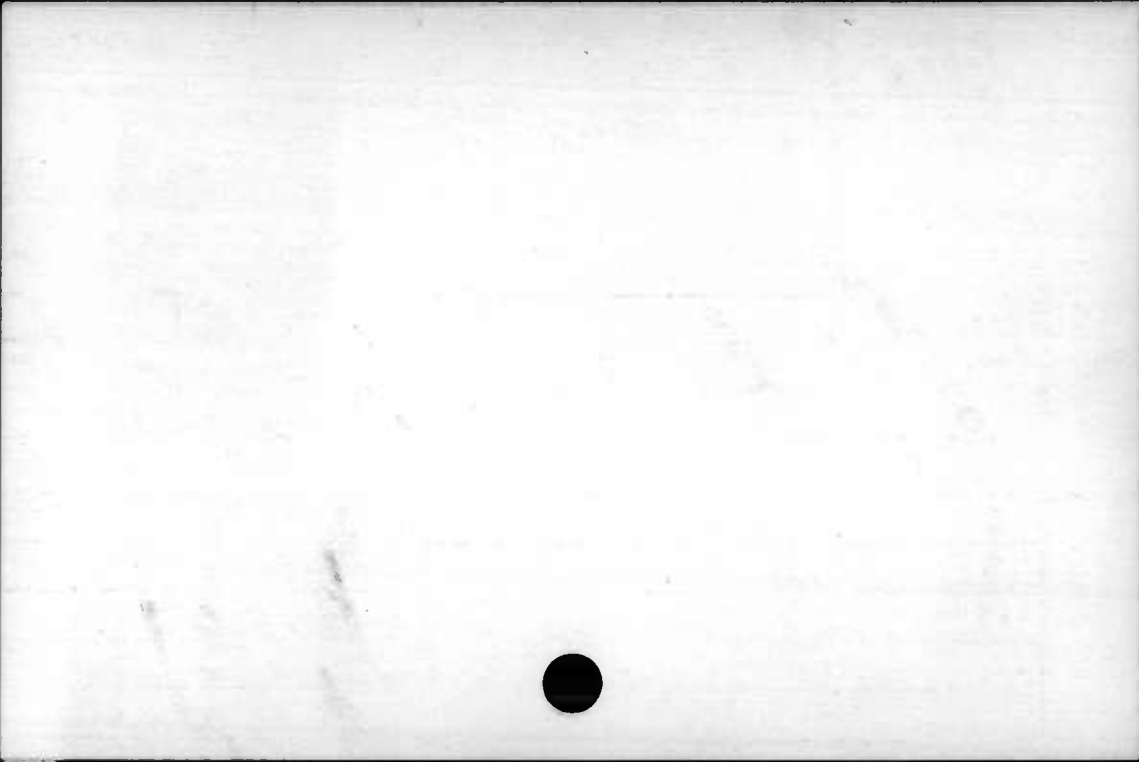
MARYLAND

Died at		Town		County			
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Widow Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Infant of A. A. Roder

CERTIFICATE OF DEATH

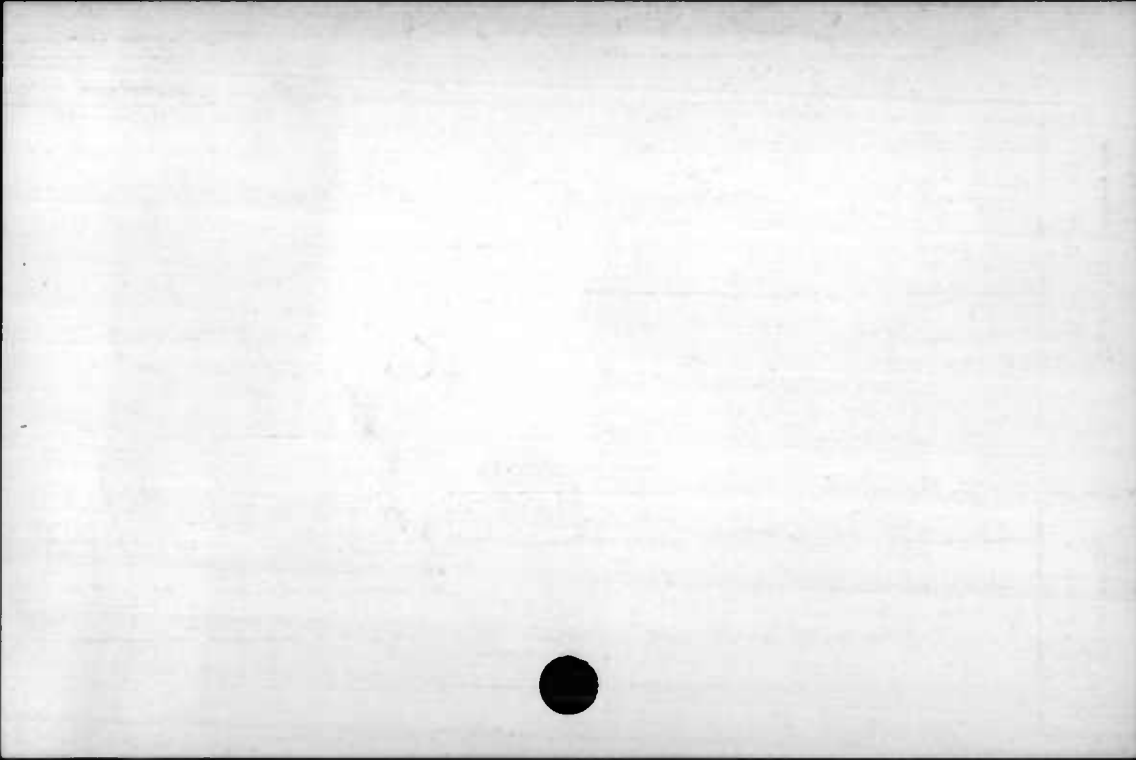
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtuck</u> Town		County <u>Acco</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Mich</u>	Day <u>25</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>md</u>	
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Aug. A. Roder</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Annie Parker</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>A A Roder</u>			How related to deceased <u>mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature birth</u>	How long <u>—</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>@ J H Trace</u>
	Address <u>Cumtuck md</u>
Accident or Suicide?	



TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at <i>Moscow - (Beale Hill)</i>		Town <i>Beale Hill</i>		County <i>Allegany</i>	
Date of death <i>1905</i>	Month <i>March</i>	Day <i>23</i>	Age <i>82</i>	Years <i>82</i>	Months <i>3</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Beale Hill</i>		Days <i>11</i>	
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Nancy Michaels</i>				
Father's Name <i>Henry Shaw</i>	Father's Birthplace <i>England</i>		Mother's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Ridney Thompson</i>	Name of person giving information <i>My John Shaw</i>		How related to deceased <i>Wife</i>		

CAUSES OF DEATH

Primary <i>Cancer of Stomach</i>	How long <i>4 months</i>
Immediate <i>Emaciation</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Bullock</i>
	Address <i>Sonacoring Maryland</i>
Accident or Suicide? <i>No</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James Shea</i>		Town <i>Allegheny</i>		County <i>Allegheny</i>		MARYLAND							
Died at		Month <i>3</i>		Day <i>29</i>		Age <i>5</i>		Years <i>6</i>		Months <i>—</i>		Days <i>—</i>	
Date of death <i>1905</i>		Sex <i>M</i>		Color or Race <i>W.</i>		Birth-place <i>Ind</i>							
Occupation <i>Chief</i>		Where Residing if not at place of death											
Married, Single or Widowed		Name of Wife or Husband											
Father's Name <i>James Shea</i>		Father's Birthplace <i>Ind</i>											
Mother's Maiden Name <i>Ellen Harrington</i>		Mother's Birthplace <i>Ind</i>											
Name of person giving information <i>Max Shea</i>		How related to deceased <i>Brother</i>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scarlet Fever</i>		How long <i>2 wks</i>	
Immediate <i>Acute Bright Disease</i>		How long <i>6 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. M. Lane, M.D.</i>	
		Address <i>Shooting Ind</i>	
Accident or Suicide?			

1880

Catholic
Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John J. Smiley</i>		Town <i>Cumt</i>		County <i>Allegheny</i>		STATE MARYLAND	
Died at <i>Cumt</i>		Month <i>March</i>		Day <i>17</i>		Age Years <i>48</i> Months _____ Days _____	
Date of death <i>1905</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>U.S.</i>	
Occupation <i>Sawyer at Lumber Camp</i>		Where Residing if not place of death <i>Minis house</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband _____					
Father's Name _____						Father's Birthplace _____	
Mother's Maiden Name _____						Mother's Birthplace _____	
Name of person giving Information _____						How related to deceased _____	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long _____
Immediate <i>Perforation of Bowels</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <input checked="" type="checkbox"/>	
Signature of Physician <i>Dr. Wm. F. Twigg</i>	
Address <i>Cumt Md</i>	
Accident or Suicide? <input checked="" type="checkbox"/>	

Eugene Stein

me
in
Full

Andrew Spearman

CERTIFICATE OF DEATH

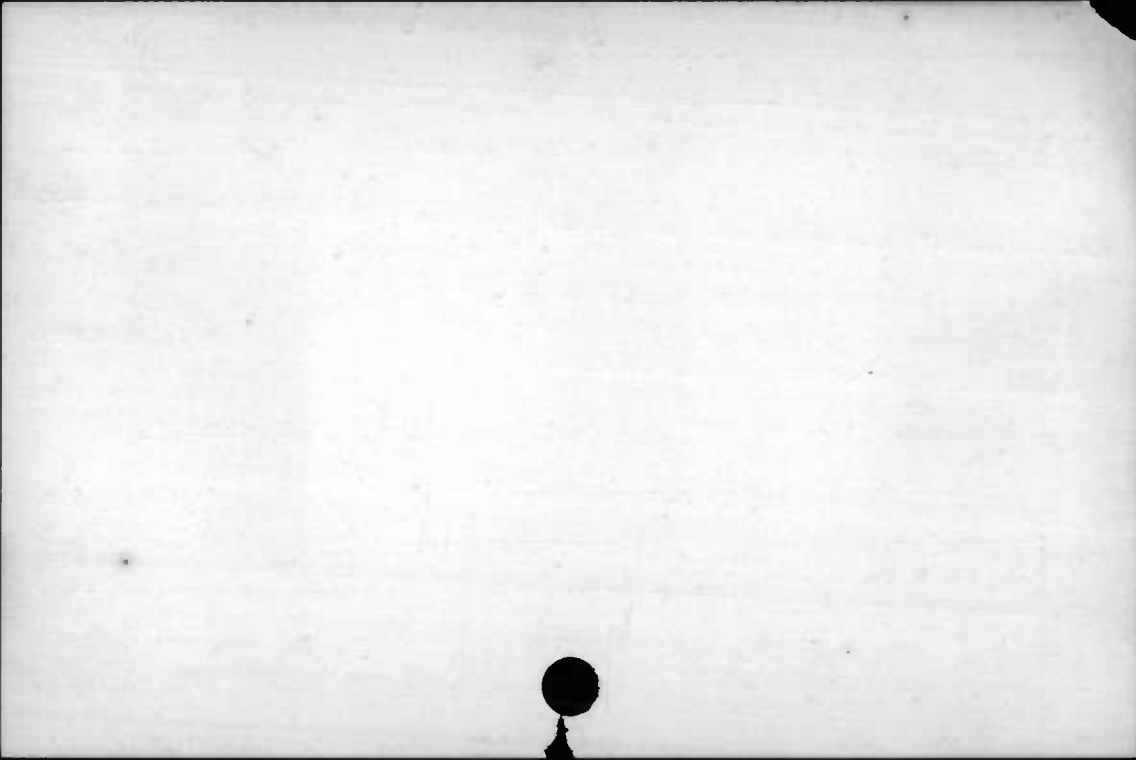
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtā</i>		Town <i>Cumtā</i>		County <i>Allegh</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>March</i>	Day <i>18</i>	Age <i>63</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birthplace <i>Ireland</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>-</i>				Father's Birthplace			
Mother's Maiden Name <i>-</i>				Mother's Birthplace			
Name of person giving information <i>Andrew Spearman.</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>79</i> ✓	How long
Immediate <i>Heart Disease.</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Address <i>EB Claybrook.</i>		
Accident or Suicide? <i>Pillsburg.</i>		Phone <i>1441</i>



Name
in
Full

Benjamin F. Stokes

CERTIFICATE OF DEATH

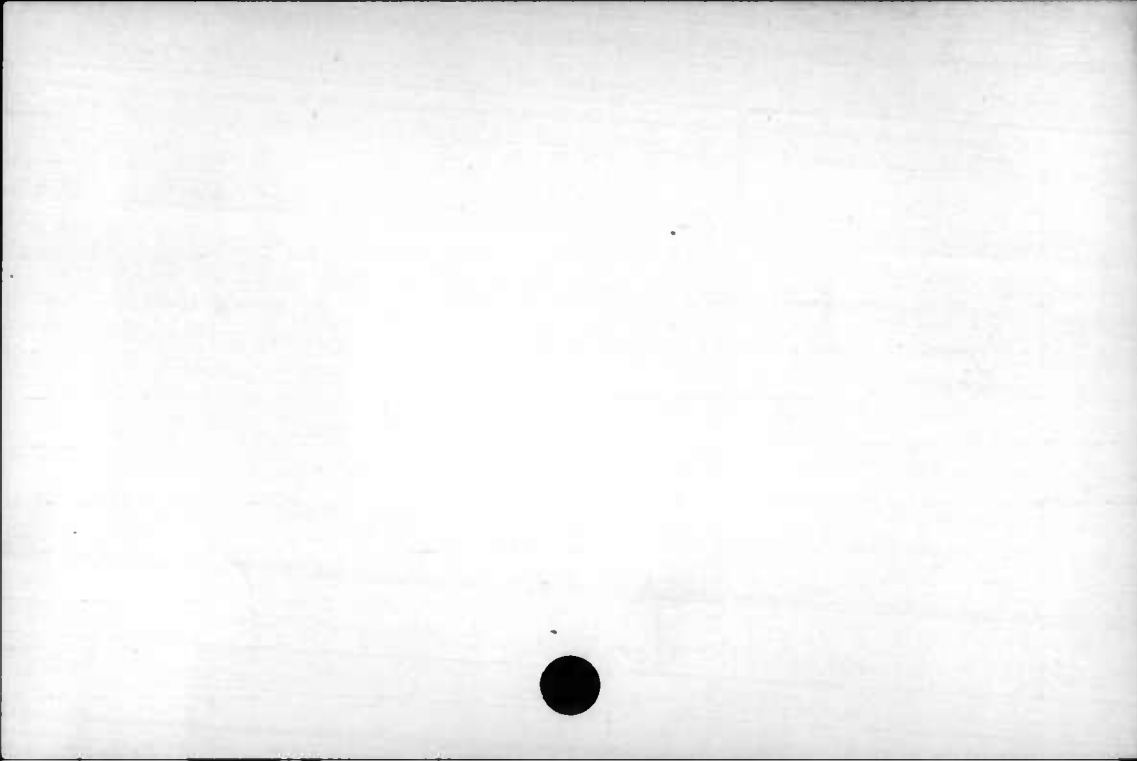
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt Savage</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death 190 <u>5</u>	Month <u>March</u>	Day <u>9</u>	Age <u>68</u>	Years <u>9</u>	Months <u>9</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maine W.S.</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Laborer</u>		
Name of Wife or Husband <u>Sarah Sloan</u>					
Father's Name <u>Benz P Stokes</u>			Father's Birthplace <u>New Hampshire</u>		
Mother's Maiden Name <u>Grena A. Stokes</u>			Mother's Birthplace <u>New Hampshire</u>		
Name of person giving information <u>Alonso Stokes</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>H. Cerebral Hemorrhage</u>	How long <u>18 hours</u>
Immediate <u>Paralysis left side</u>	How long <u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>D. Alan E. Murray</u>
	Address <u>Mt Savage Md</u>
Accident or Suicide?	



Name
in
Full

Catherine Timmas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Summit</i>		County <i>any</i>		MARYLAND	
Date of death	1905	Month	<i>June</i>	Day	23
Age	80	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ma</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband			
Father's Name	-			Father's Birthplace	
Mother's Maiden Name	-			Mother's Birthplace	
Name of person giving information	<i>J L Sniffen</i>			How related to deceased <i>son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>154</i> ✓
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. J. W. Johnson</i>
	<i>None</i>	Address	<i>Richland Md.</i>
Accident or Suicide?			



Name in Full		Wm Tropper				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Undolothan		County		MARYLAND	
	Date of death	1905	Month 3	Day 16	Age 52	Months -	Days -
	Sex	male		Color or Race	white		Birth-place
	Occupation	Miner		Where Residing if not at place of death		-	
	Married, Single or Widowed	married		Name of Wife or Husband		Mary Tighe	
	Father's Name	Charles Tropper		Father's Birthplace		And Gwynn	
	Mother's Maiden Name	Catherine Detry		Mother's Birthplace		And "	
Name of person giving information	Anthony Tropper		How related to deceased		Brother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Fall of coal - crushing chest				How long	few minutes
	Immediate	Shock				How long	few hours
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	W. M. Oliver
	Accident or Suicide?					Address	Frostburg Md.

g r u

Name
in
Full

CERTIFICATE OF DEATH

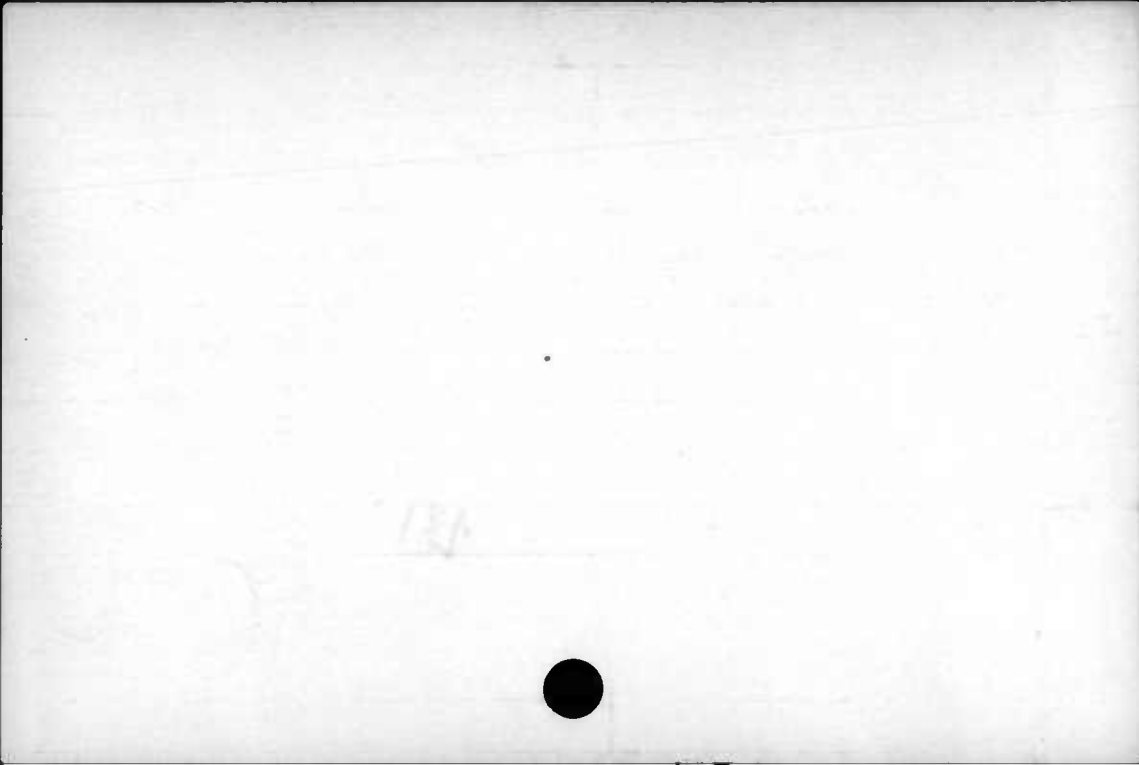
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Mid Sarag</i>		^{County} <i>Allegheny</i>		MARYLAND	
Date of death 1905	Month <i>March</i>	Day <i>14</i>	Age <i>47</i>	Years <i>8</i>	Months <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Barber</i>			
Name of Wife or Husband <i>Louisa Finkelder</i>					
Father's Name <i>Justus Trost</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Elizabeth Finkelder</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Louisa Trost</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 months</i>
Immediate <i>Hemoptysis & Double Pneumonia</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. Alan E. Murray</i>
	Address <i>Mid Sarag</i>
Accident or Suicide? <i>Accident</i>	<i>Med</i>



Name
in
Full

Paul Taylor Twitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Cumby*^{County} *Allegh.*Date of death ^{Month} *1905* ^{Day} *March* *30*Age ^{Years} *2*^{Months} *8*^{Days} *16*Sex *m*Color or
Race*w*Birth-
place*ms*

Occupation

*—*Where Residing if not
at place of death*—*Married, Single
or Widowed*—*Name of Wife or
Husband*—*Father's
Name*W. W. Twitchell*Father's
Birthplace*—*Mother's
Maiden Name*Fannie Taylor*Mother's
Birthplace*ms*Name of person giving
information*J B Taylor*How related
to deceased*grandfather*

CAUSES OF DEATH

Primary

Mumps

How long

2 weeks

Immediate

sequelae

How long

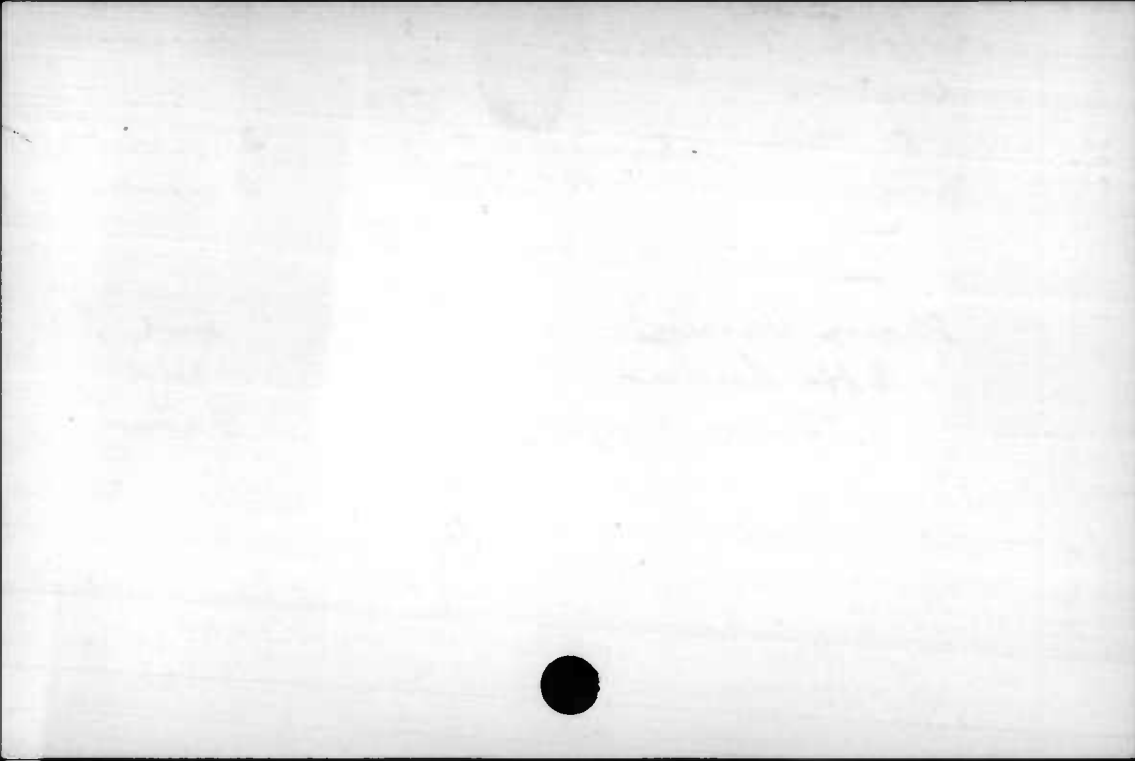
*" "*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*E H Brace M D*

Address

*Cumby**md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Robert Wageley

CERTIFICATE OF DEATH

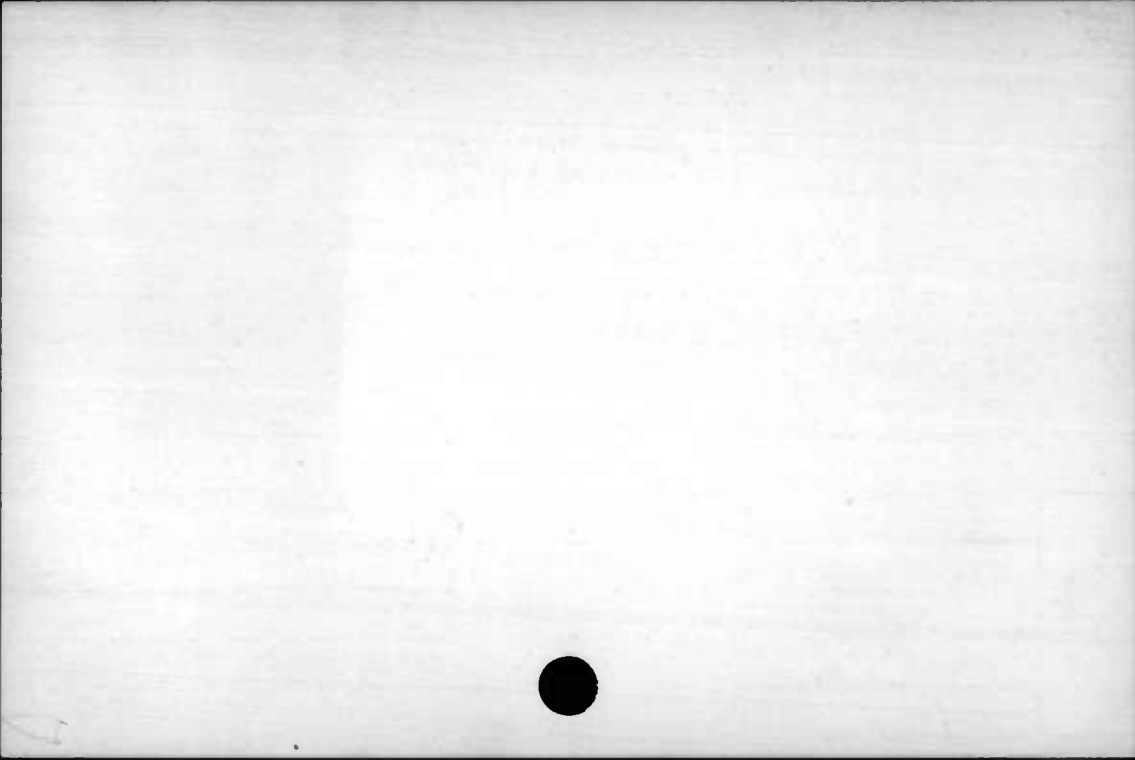
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumda</i>		Town <i>Cumda</i>		County <i>Allegh</i>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>March</i>	Day	<i>8</i>	Age	<i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumda</i>		Months	<i>3</i>
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Years		Days	<i>—</i>
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Harry Wageley</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Effa Turner</i>		Name of person giving information <i>Harry Wageley</i>		Mother's Birthplace <i>Ind</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Convulsions</i>	How long	<i>7 1/2</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. H. S. Wainwright</i>	
		Address <i>Chamberland, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

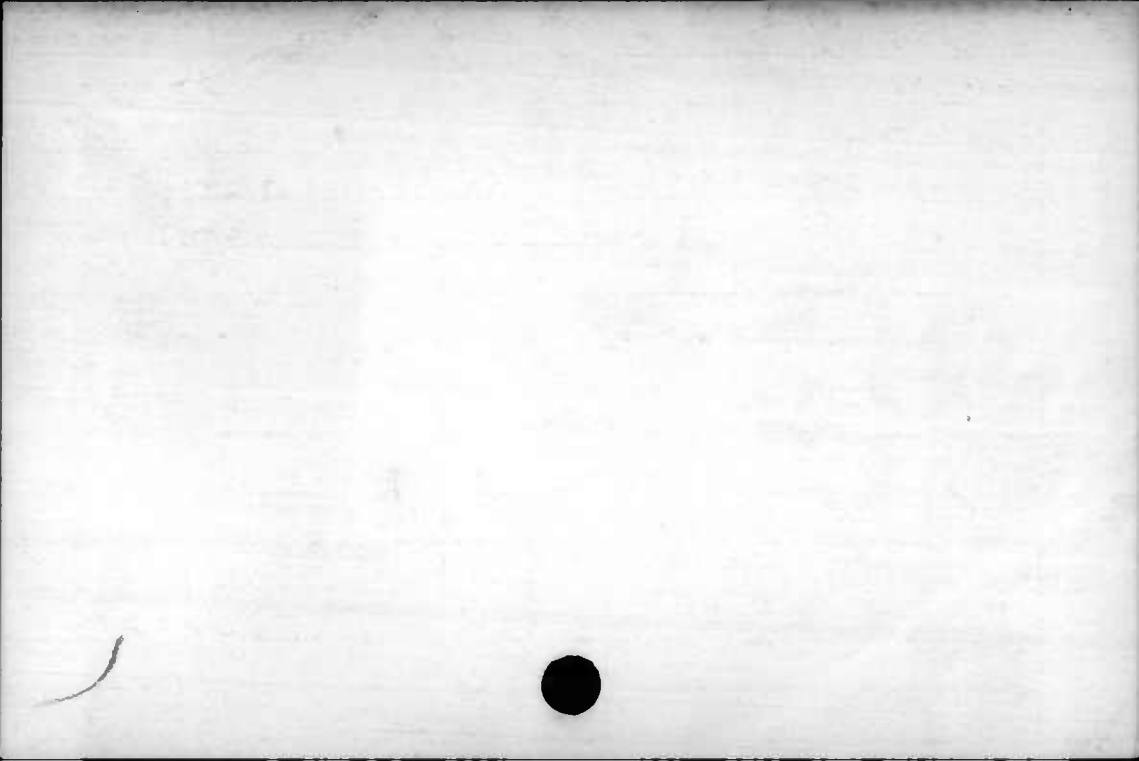
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Stella Blanch Ward</i>		Town <i>Cumtola</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cumtola</i>		Month <i>March</i>		Day <i>16</i>		Age <i>27</i>	
Date of death <i>1905</i>		Months <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumtola</i>			
Occupation <i>Wife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>married</i>		Name of Deceased Husband <i>W. S Ward</i>					
Father's Name <i>C H Fisher</i>		Father's Birthplace <i>Cumtola</i>					
Mother's Maiden Name <i>Mary</i>		Mother's Birthplace <i>Cumtola</i>					
Name of person giving information <i>C H Fisher</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lung Trouble</i>	How long <i>99</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C H Fisher</i>
	Address <i>last seen by Stansbury</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		County <i>Allegany</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>March</i>	Day <i>23</i>	Age <i>30</i>	Years <i>8</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth place <i>Chambersburg, Pa.</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John W. Webster</i>		Father's Birthplace <i>Louis, Co. Pa.</i>			
Mother's Maiden Name <i>Marion E. Hall</i>		Mother's Birthplace <i>Frederick, Co.</i>			
Name of person giving information <i>John W. Webster</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long <i>23 years</i>
Immediate	<i>Exhaustion</i>	How long <i>2</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Cleary</i>
<i>Yes</i>		Address <i>Frederick, Md.</i>
Accident or Suicide? <i>No</i>		

to Mr

Allegany

County

Name in Full		David M. Williams				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Throbbing		County		Allgemey	
	Date of death		1905 Mar 29		Age		79	
	Sex		M.		Color or Race		White	
	Occupation		Retired Miner		Where Residing if not at place of death		Wales	
	Married, Single or Widowed				Name of Wife or Husband		Frances Williams	
	Father's Name				Father's Birthplace		Wales	
PHYSICIAN OR CORONER	Mother's Maiden Name				Mother's Birthplace		Wales	
	Name of person giving information		Harry M. Williams		How related to deceased		Son	
	CAUSES OF DEATH							
	Primary		Acute Indigestion		How long		10 1/2 weeks	
Immediate		(old age) Cardiac Failure		How long		one day		
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. Griffith		
				Address		Throbbing Ind		
Accident or Suicide?								

26m

Allegany Cemetery

1878

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Henry Williams		County		MARYLAND	
Died at		Frostburg		Alleg			
Date of death		1905 Mar 17		Age 71		Months Days	
Sex		M		Color or Race		White	
Occupation		Retired Mason		Where Residing if not at place of death		Walter	
Married, Single or Widowed		✓		Name of Wife or Husband			
Father's Name				Father's Birthplace		Walter	
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased		27 ✓	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Grip & Bronchitis & Pulmonary Tuberculosis	How long	14 months
Immediate	Emphysema & heart failure	How long	on week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. Griffith	
Address		Frostburg Md	
Accident or Suicide?			

John

all your country -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant of Orion Wilson

Town

County

Died at

Date

of death 1905

Month

Day

Age

Years

Months

Days

MARYLAND

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barrellsville</i>		Town <i>Allegheny</i>		County		MARYLAND	
Date of death 190 <i>J-</i>	Month <i>3</i>	Day <i>15-</i>	Age <i>73</i>	Years <i>✓</i>	Months <i>10</i>	Days <i>12</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Lumb. Valley, Pa</i>					
Married, Single or Widowed <i>Widow</i>	Occupation <i>None</i>						
Name of Wife or Husband <i>Henry Gantz</i>							
Father's Name <i>Benjamin Burkett</i>		Father's Birthplace <i>Lumb. Valley, Pa</i>					
Mother's Maiden Name <i>Rebecca Gaster</i>		Mother's Birthplace <i>Lumb. Valley, Pa</i>					
Name of person giving information <i>Thomas Gantz</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>154</i>	How long <i>✓ 2 mos</i>
Immediate <i>Exhaustion</i>	How long <i>✓ 1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Smith</i>	
	Address <i>Allegheny</i>	
Accident or Suicide? <i>no</i>	<i>MD</i>	

434

434

10

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James J. Gost</i>		Town <i>Ellersie</i>		County <i>Alle</i>		MARYLAND	
Died at <i>Ellersie</i>		Month <i>Mar</i>		Day <i>18</i>		Age <i>60</i>	
Date of death <i>1905</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Vir</i>	
Occupation <i>Labourer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Warrent Clark</i>				How related to deceased <i>daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart failure</i>		How long <i>179</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Norman Shockey</i>	
		Address <i>Ellersie Md</i>	
Accident or Suicide?			

